Ontario

Roles and Responsibilities - 2001

The Provincial-Municipal Relationship in Human Services

June 2001

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Executive Summary

Human services represents the single largest category of municipal operating expenditure. The overall purpose of Roles and Responsibilities 2001 is to support accountability and effective provincial-municipal collaboration in the provision of human services. It does so by presenting the roles and responsibilities of each sector relative to the other using an analytical framework and by clarifying terminology. This report is intended to be useful to both the provincial and municipal sectors in their roles of human service managers and service deliverers. It is also useful to other stakeholders in human services, such as child care providers and advocacy groups.

All 6 major human service programs that were part of local service realignment are included in this report – Ontario Works, Child Care, Social Housing, Public Health, Land Ambulance, and Ontario Disability Support Program.

The report consists of three sections. The first section describes the general background to local services realignment, sets out the framework which was used to analyse and compare roles and responsibilities, and discusses relevant concepts, specifically:

Accountability

To support its responsibility for oversight, the province has set out requirements for accountability within provincial ministries and in transfer payment relationships. Provincial accountability expectations are addressed in policy and legislative requirements as well as in contractual agreements.

Integration

In conjunction with municipalities, the province has undertaken a number of significant initiatives that are creating an environment conducive to both integration and co-ordination. Structural measures include Ministry of Community and Social Services reconfiguring its field structure to 9 regional offices, Ministry of Health and Long-Term Care establishing regional offices, and Ministry of Municipal Affairs and Housing establishing area transition teams to work with municipalities as they assume social housing. Other activities that support coordination and integration are described as well.

Governance

Governance is the legitimate authority and responsibility to make decisions and take actions. Both provincial and municipal governments have these responsibilities in relation to devolved human services but the scope and focus are different. Four responsibilities of governance are viewed as central in the provincial-municipal relationship: policy-making, law-making, funding, and oversight.

Service System Management

A fragmented approach to delivering programs and services is seen as inefficient and as delivering poor service to the public. Public expectations for integrated services and more efficient government processes are creating a push toward a systemic approach to management, an approach that (a) recognizes the complex, multi-faceted needs of people, and (b) involves collaboration among the organizations that are part of the delivery system. Responsibilities associated with managing service systems that are seen as key in the provincial-municipal relationship are local service system planning, resource allocation and reallocation, accountability and quality assurance.

Service Delivery

This refers to the supervision and direct provision of services to clients and the administration of the service delivery function. The provincial government supports the delivery of services through legislation and regulation and with policy directives or guidelines that set out provincial expectations for service delivery in detail.

The second section examines each program area, using governance, service system management, and service delivery as a starting point in describing the reforms brought about by realignment and how the system currently works. The programs are described in terms of the services provided, the legislation authorizing the service, and the responsibilities of the provincial and municipal sectors in each of their roles: governance role, service system manager role and service deliverer role.

The third and final section is a glossary that provides some proposed common definitions of terms often used in the human services arena but subject to varying interpretations.

The document is the product of consultation with provincial and municipal program experts.

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Setting the Stage

Introduction

When the public is asked what their local government does for them, certain services come most readily to mind, for example, roads, libraries, police and parks.

Way down the list is the set of services covered in this report - social assistance, social housing, child care, public health and land ambulance. Yet, combined with municipal spending on long-term care for the elderly, these 'human services' comprise one third of local government spending.

To be specific, of the $20 billion or so spent by local governments in Ontario in 1999, more than $6.6 billion was on the following:

- social assistance $3,800 M
- social housing $ 910 M
- elderly $ 780 M
- child care $ 520 M
- public health $ 390 M
- land ambulance $ 210 M

There are a number of reasons why the 'person on the street' does not readily connect City Hall with human services. Perhaps the main reason is the high visibility and broad public reach of some services compared to others, e.g.,

- everyone has their garbage picked up regularly
- most people use the streets every day
- fire stations and police stations are located in visible, accessible locations.

A secondary reason is the relatively recent nature of the changes in local government roles in the funding and delivery of human services. Although the province announced an increased local role in 1997, the actual shift in delivery responsibilities did not begin until 1998 and is expected to be completed later in 2001.

As a result, the emerging municipal role in human services is still undergoing a period of gradual transition in general public understanding. This transition can be expected to take some time. However, as public awareness of the size and importance of the human service envelope grows, so too will public expectations in terms of knowing that this significant array of services is being delivered efficiently and effectively.

Background

Although no easy task, the responsibility for demonstrating efficiency and effectiveness in human services falls primarily on three different stakeholder groups with different authorities and priorities - the province, municipalities, and service providers. Other stakeholders include the voluntary sector and the business community. At the same time, these groups must work together if human services are to be effective and efficient.

In January 1998, subsequent to the announcement of Local Services Realignment (LSR), the Government of Ontario published two documents designed to describe the division of responsibilities between the two levels of government for human services:

(1) Roles and Responsibilities, and

(2) 'Who Does What: Toward Implementation[1]', the latter developed in collaboration with the Association of Municipalities of Ontario (AMO).

In Autumn 1999, the Province worked with AMO again to produce "Local Services Realignment: A User's Guide[2]".

Since the publication of these documents, additional LSR changes have been implemented and both levels of government have developed a greater understanding of the impacts of devolution on the work that they do.

Purpose of Report

The overall purpose of Roles and Responsibilities 2001 (R & R 2001) is to support accountability and effective provincial-municipal collaboration in the provision of human services.

Shared understanding is a prerequisite to effective collaboration. This report is designed to help achieve shared understandings among the stakeholder groups, individually and collectively, by;

- describing each of the roles that must be filled and the responsibilities that attach to the role,
- proposing common meanings for basic concepts such as service system management and service integration, and
- describing the roles and relationships of each stakeholder group in relation to the others.

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[1] Available at www.mah.gov.on.ca/business/wdw/index-e.asp

[2] Available at www.mah.gov.on.ca/business/lsr/lsr-e.pdf

The report fosters a shared understanding by presenting, in one document, the division of responsibilities between the levels of government for social and community health programs. It also identifies the responsibilities of service providers and other groups, where applicable.

While building on the original (1998) Roles and Responsibilities report, R & R 2001 reflects recent LSR reforms and adds to the previous report by describing:

- new components of the provincial-municipal relationship,
- basic requirements for municipal governments under the MCSS Governance and Accountability Framework (June 1999),
- each of the devolved programs, and
- recent government initiatives that are relevant to the provincial-municipal relationship.

Also contained in this document is a glossary of human services terms. This is intended to support effective communication within and between the two levels of government. It should be noted that, just as word meanings change over time in our everyday language, so do the meanings of specific, work-related terms. Accordingly, these definitions, reflect changes in understanding that have taken place thus far. No doubt, some definitions can be expected to change in the future.

Format of the Report

'Roles and Responsibilities 2001' is divided into three major parts;

- Part One– Developing a Framework - first touches on the basic concepts of devolution, accountability and integration. It then identifies a framework for describing and analyzing roles and responsibilities under three main headings: (i) governance, (ii) service system management, (iii) service delivery.
- Part Two – Programs - systematically describes each of the major human services programs that were integral to Local Services Realignment. Summary tables developed according to the framework shown in Part I are included for each program.
- Part Three – Glossary - puts forward working definitions for a number of terms commonly used in the human services area.

Role

- a function or part performed

Responsibility

- an obligation to act or make a decision

Part I - Developing a Framework

Part I describes the context within which the roles and responsibilities framework was developed – **Local Services Realignment**, increased **accountability**, and a heightened focus on **integration and coordination**.

The framework focuses on three roles that are of particular relevance in the context of provincial-municipal collaboration, and the responsibilities associated with each:

- the governing role,
- the service system manager role and
- the service deliverer role.

1. Local Services Realignment

In January 1997, the Province announced the largest realignment of provincial and municipal responsibilities in the history of Ontario. A major aspect of Local Services Realignment (LSR), as this realignment is known, was the devolution to the municipal level of many responsibilities related to social and community health services.

In addition, the delivery system for these services was transformed. Formerly, the province directly administered social assistance through about 200 municipalities, child care through over 180 delivery agents, and social housing through 2000 providers. Once the devolution of social housing is complete, the province will have direct relationships with only 47 municipalities and social services boards for the management of these services throughout the province.

These 47 are referred to as Consolidated Municipal Service Managers, or CMSMs (see Appendix A for a list showing the geographic area for each).

- In Southern Ontario, CMSMs consist of 35 municipalities.
- In Northern Ontario, two municipalities are CMSMs (the City of Greater Sudbury and the District Municipality of Muskoka). In addition, there are 10 District Social Services Administration Boards (DSSABs) that include representatives of the municipalities within the geographic area, representatives of territories without municipal organization, and in two cases, a provincial representative.

Some CMSMs are responsible for public health and land ambulance services as well. (see Appendix B for a synopsis of relevant legislation)

At the same time, the province retains significant responsibilities within each of these program envelopes. The province establishes overall program directions, approves policies, enacts legislation, sets standards, and oversees the execution of provincial commitments. The province also is a funding partner for most of these programs.

Devolution under Local Services Realignment

Devolution refers to "the delegation of work or power, especially by a House of Parliament, to bodies appointed by and responsible to it, or by central government to local or regional administration"[1].

Devolution is not an "all or nothing" proposition. Rather, it lies on a continuum from full central authority to full local authority, depending on the scope (i.e., the specific program

[1] Oxford Dictionary

elements), function (e.g., governance, management, service delivery), and the degree of authority over the function that has been devolved.

Jurisdictional Context

Before describing the impact of devolution, provincial powers under the Canadian Constitution and the general direction of the *Municipal Act* reform initiative are briefly described in Exhibits A and B.

Exhibit A

Provincial Powers

Canada is a federal system where sovereign authority is constitutionally divided between two levels of government - federal and provincial. The Canadian Constitution enshrines the areas of federal and provincial jurisdiction in Part VI, Sections 91 and 92 of the Constitution respectively. Sections 92 and 93 identify provincial areas of jurisdiction as follows[1]:

- Direct taxation
- Provincial debt
- Provincial offices and appointments
- Public lands and forest management
- Prisons
- Hospitals, asylums, charities
- Municipal institutions
- Commerce
- Local works
- Corporations
- The solemnization of marriage
- Property and civil rights
- Civil and criminal courts
- Law enforcement
- All local or private matters
- Natural resources
- Education

The capacity of provincial governments to make social assistance payments to individuals is founded on their constitutional jurisdiction over charities, supported by jurisdiction over municipal institutions, property and civil rights, and local or private matters.[2]

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[1] http://laws.justice.gc.ca/en/const/c1867_e.html#distribution

[2] "National Standards and Social Programs: what the federal government can do". Prepared by Jack Stilborn, 1997. http://www.parl.gc.ca/information/library/PRBpubs/bp379-e.htm#(31)end

Exhibit B

Municipal Powers under the Municipal Act

Municipal activities are governed by the *Municipal Act*. The *Act* is prescriptive; it only permits municipalities to do what is specifically set out in it. Also, the *Municipal Act* is not a comprehensive statute for municipal service delivery and regulatory authority. Some 90 other pieces of legislation, many of which are administered by other Ministries, also set out municipal powers.

The current *Municipal Act* reform initiative is designed to modernize the Act's provisions, provide greater flexibility for improvement and efficiency in local service delivery and to provide a new balance between local authority and accountability in local decision-making.

Devolution in Ontario

As mentioned above, for the programs involved in the LSR transfers, the province retains authority over direction setting, policy, legisiation, and oversight. The degree of devolution with respect to management and service delivery functions varies across programs.

The specific objectives of devolution were:

- increased accountability to taxpayers,
- streamlined service delivery, and
- improved services to people.

Municipalities, with their knowledge of the local communities and service systems, are best positioned to determine the needs of their communities, set priorities, and shape service systems that address these needs and priorities. By designating municipalities and DSSABs as service managers, the province created a platform which recognized the benefits of local expertise and innovation in human services management and delivery.

A Larger Municipal Role in Human Services

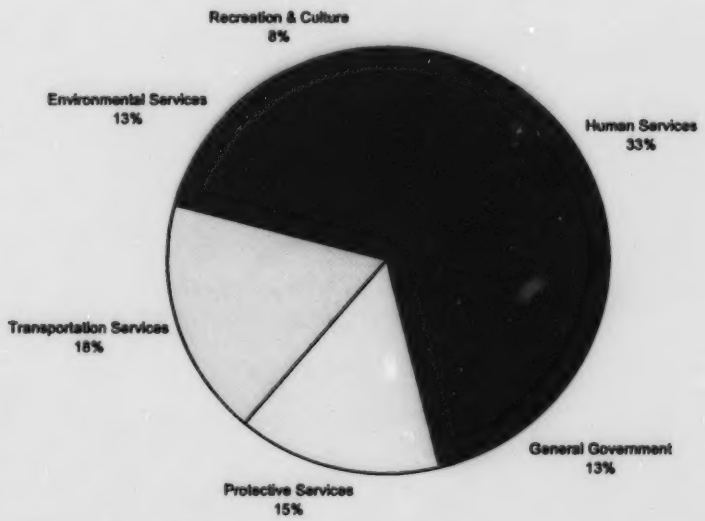
LSR has resulted in a significant increase in the extent to which CMSMs focus on human services. CMSMs now have the authority to administer and deliver a broad array of human services within a geographic area that in the majority of cases includes more than one municipality. CMSMs are responsible for managing a much larger human services budget than before LSR. Total (gross) municipal spending on human services in 1997 was $4.2 billion dollars and in 1999, $6.6 billion dollars.

These figures provide an indication of the magnitude of the responsibility that CMSMs have as managers and deliverers of services. Exhibit C shows gross municipal expenditures on human services in relation to other categories of spending.

With human services representing such a large portion of municipal funding obligations and management responsibility, this area will inevitably receive more attention at municipal council tables across the province.

Appendix C provides a detailed account of the changes in municipal expenditures within program envelopes.

Exhibit C
1999 Gross Municipal Operating Expenditure



2. Accountability

To support its oversight role, the province has set out requirements for accountability within provincial ministries and in transfer payment relationships. In response to these requirements, MCSS developed an overarching Governance and Accountability Framework and articulated accountability expectations specific to the municipal-provincial relationship (Appendix D – MCSS Basic Requirements for Accountability, page 83). These expectations address policy and legislative requirements, results to be achieved, agreements, reporting and monitoring, and corrective action. In addition, specific accountability expectations for Ontario Works are included in MMAH's Municipal Performance Management Program. These are 'Percentage of persons receiving Ontario Works assistance that participated in welfare-to-work activities' and 'Percentage change in the number of people receiving social assistance'.

For social housing, MMAH included monitoring and reporting requirements in the Social Housing Reform Act, 2000.

The Ministry of Health and Long-Term Care monitors municipal accountability at the program level. Program areas that interact with municipalities have well-developed accountability mechanisms and requirements that articulate expectations specific to their relationship. Other accountability requirements are under development.

3. Integration and Co-ordination

As noted above, specific LSR expectations were that local governments would streamline service delivery and improve services to people. An effective mechanism for achieving these objectives is the integration of services and business processes. Better co-ordination can also contribute to these objectives. The province has undertaken a number of significant initiatives, some in conjunction with municipalities, that are creating an environment conducive to both integration and co-ordination.

Interministerial Coordination

To facilitate collaboration between CMSMs and the province in those programs where both sectors have a role, the province has strengthened its regional presence and enhanced coordination between MCSS and MOHLTC:

- MOHLTC established regional offices[1].

[1] MOHLTC Regional Offices: http://www.gov.on.ca/health/english/contact/ohip/ohiploc_mn.html

- MCSS reconfigured its field structure to 9 regional offices[1]. The boundaries of these regions coincide with those of MOHLTC. Regional staff from the two ministries are working more closely together to improve coordination.
- MMAH established 5 area transition teams to work with CMSMs as they assume responsibility for social housing. These teams deal with issues related to governance and accountability, finance, assets, information and technology, and human resources.
- These three human services ministries (MCSS, MOHLTC, and MMAH) have been meeting regionally and provincially to co-ordinate their activities.

Report of the Working Group on Financial Testing

The Working Group on Financial Testing (a municipal-provincial staff group), identified opportunities for streamlining and harmonizing financial testing processes within programs managed by the CMSMs – child care, Ontario Works and social housing. The report of the Working Group describes the business processes of these programs and identifies possible strategies for harmonizing them. The report also addresses variables to be considered as CMSMs develop their approaches to managing social housing. The report was released in March 2000[2].

Survey on Human Services Integration

The report 'Human Services Integration'[3], also released in March 2000, provides a conceptual framework for service integration and describes CMSM integration initiatives. The intent was to create an information base upon which CMSMs could draw as they develop organizational structures and processes. The report also describes provincial activities and initiatives that support integration, including a Provincial-CMSM Advisory Committee and the establishment of the Integrated Services for Children Division.

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[1] MCSS Regional Offices: http://www.gov.on.ca/CSS/page/offices/offices.html

[2] The 'Report of the Working Group on Financial Testing' is available on the internet at http://www.amo.on.ca under 'What's New?'

[3] The report 'Human Services Integration' is available on the internet at http://www.gov.on.ca/CSS/page/brochure/pub.html under Provincial Municipal Liaison or by calling 416-325-5366.

4. Roles and Responsibilities Framework

While there are defined areas over which each sector has ultimate authority and responsibility, it is important to recognize that the division of roles and responsibilities between the provincial and municipal sectors lies within a partnership. The municipal sector has been involved in planning and implementing devolution from the outset through a variety of working groups and advisory groups. Through these groups, each sector has had the opportunity to influence the other by providing advice and sharing information. As well, the sectors supported an effective process by working together to develop tools, deliver training, and coordinate initiatives.

Because of the close collaboration that is required to sustain such a partnership, it is also important to clearly delineate the responsibilities of each partner. Part 2 of this document provides an overview of the roles and responsibilities of the provincial and municipal governments with respect to the programs that have been devolved. The responsibilities are described for each role: (A) governance, (B) service system management, and (C) service delivery.

(A) Governance

Governance is defined as the legitimate authority and responsibility to make decisions and take actions[1]. Responsibilities associated with governance include setting overall direction for the organizations they govern, making high level policy decisions, passing laws, determining funding strategies, and providing oversight. They also determine the administrative structure that will execute their decisions, select and evaluate senior managers, approve budgets, oversee external and internal communications, and ensure their own capacity to carry out these responsibilities[2].

Within the context of devolution under LSR, four of the functions of government are particularly important for the provincial-municipal relationship: policy-making, passing laws, approving funding strategies and providing oversight. Both provincial and municipal governments have these responsibilities in relation to devolved human services but the scope and focus are different.

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[1] MCSS Governance and Accountability Framework

[2] Guidance for Directors – Governance Processes for Control, The Canadian Institute of Chartered Accountants, December 1995.

Policy-Making

Policy is an overall plan that comprises the general goals and acceptable procedures of a governmental body. Governing bodies decide on the courses of action to be adopted in order to meet the goals that they have set. In human services, the provincial government approves high-level policies, such as the type of service or assistance that will be provided, who will be eligible for services, and broad delivery strategies.

Municipalities determine local approaches to governance, service system management and service delivery, within the parameters set by provincial policies and legislation. For example, municipalities determine whether to deliver services directly or contract them out and how the local organizational structure that manages human services programs will be structured.

Law-Making

The provincial government has the authority to enact laws in certain areas, as defined in the Constitution Act. Provincial governments enact statutes and regulations.

The Municipal Act gives municipal governments governance responsibility for many services. As well, municipalities derive their powers from statutes administered by many other ministries, such as the Highway Traffic Act (MTO) and the Health Protection and Promotion Act (MOHLTC). Municipalities and district social services administration boards (DSSABs) pass by-laws.

Transfer payment agencies are also governing bodies and pass by-laws. Their powers and responsibilities are set out in the Corporations Act.

Approved standards may be included in statutes, regulations, or by-laws.

Funding

Municipal and provincial governments fund their own activities, executive activities, programs and services approved in policy primarily through direct taxation, and collection of fees. They may also have access to additional funding sources such as federal grants.

Within the devolution context, funding policies specify the cost-sharing arrangements among partners, and how resources are to be allocated. Allowable revenue generation mechanisms and funding commitments may be included in legislation and/or addressed through formal agreements among partners.

Oversight

The governing body is responsible to its electorate or to its partners for ensuring that overall government directions and policy goals are achieved. Governing bodies expect to be informed as to whether or not policies and legislation have been implemented as intended, within budget, and are achieving the expected results.

(B) Service System Management

Both levels of government have extensive experience as program managers in the traditional mode – programs and services are managed and delivered in separate disconnected streams, typically called "silos". This fragmented approach is seen as inefficient and as delivering poor service to the public. Public expectations for integrated services and more efficient government processes are creating a push toward a systemic approach to management, an approach that (a) recognizes the complex, multi-faceted needs of people, and (b) involves collaboration among the organizations that are part of the delivery system.

What is a Service System?

A common understanding of the term "service system" has evolved over the past few years, as the provincial and the municipal sector have each grappled with the concept.

> ***A service system is an inter-organizational network that includes the organizations, groups and individuals involved in administering and delivering a set of integrated supports and services that meets the defined needs of people.***

In human services, systems are typically not defined by the programs that are delivered but by the people who are served. For example, there are systems of services for children, for people needing employment supports, for people with housing and shelter needs.

In most cases, there are formal and informal participants in human service systems. Formal participants may include provincial government ministries, municipal governments, service boards, planning and coordinating bodies, service deliverers in the non-profit and for-profit sectors. In a mature system, there are agreements among formal participants that describe their common goals and how the organizations and providers will relate to each other. Informal participants include mutual support groups, caregivers, and friends.

Service systems are created in order to improve services for people as well as to increase efficiency. In a fully integrated system, services are client-centered, co-ordinated, complementary, accessible and flexible.

Many Ways to Configure a Service System

Systems are created within a community context. If systems are built to meet community needs, then it is to be expected that the particular form that service systems take will vary across communities. Communities differ in:

- the range of needs that have to be addressed;
- what was previously in place that can be built on — e.g., the services that were available and the relationships among existing organizations; and
- what residents are prepared to support.

The systems of services that are developed should be the best possible fit between what the community needs and what the community can offer in the context of these variables. To achieve this fit, communities need to understand their specific problems at a systemic level and at a service delivery level and then design systems that address these specific problems. Over time, community systems should evolve in a planned way in response to changing needs within the community. It has been said that "the ability to continually strengthen system performance is one of the truest indicators of a mature service system"[1].

What do We Mean by 'Management'?

The term management refers to the set of activities engaged in by the executive or administrative arm of an organization in order to implement polices and legislation and to ensure the integrity of the programs that are put in place. From among the many activities and functions associated with managing an organization, four that straddle the provincial and municipal boundary in a systemic approach to management – planning, resource allocation, accountability, and quality assurance. Before describing how these functions are executed differently in a systems model, they are briefly described below:

Planning

A plan is an organized method by which something is to be done. In a human services environment, service planning refers to the process of setting priorities and determining the service delivery model to be adopted within the context of available resources and authority. Operational and strategic plans describe how

[1] Shields, C., Service System Management – Discussion Paper, prepared for Central West Region, MCSS, December 2000.

current needs will be met and how the service system will be reshaped to achieve long-range system goals. Financial plans describe how resources will be distributed among the activities/elements of the operational and strategic plans.

Resource Allocation and Reallocation

Resource allocation refers to the process of determining (a) the amount of goods, services, personnel and money that should be dedicated to a given activity, program, service, or organization and (b) how these resources should be distributed among competing interests. Managers allocate and reallocate available resources in response to changing priorities and pressures.

Several of the activities that are likely to be carried out in the course of allocating and managing resources are:

- developing a funding strategy that identifies variables such as the types of services that will be funded, the types of organizations that will deliver the services, funding criteria; etc.
- negotiating budgets and commitments with partners and delivery agents;
- developing service contracts that formalize the agreements negotiated;
- monitoring how well the terms of the contracts are being met; and
- adjusting/renegotiating contracts in light of performance.

Resource allocation also deals with human resource management.

Accountability

Accountability is the obligation to answer for the results of authorized actions and the manner in which responsibilities have been discharged[1]. In order to be accountable, organizations define expectations, roles and responsibilities, and establish mechanisms for assessing compliance – performance measurement and reporting, audit, and program evaluation.

Accountable organizations also take corrective action when required. These functions are described by Management Board of Cabinet in four required elements of accountability:

(1) setting expectations;

(2) agreements (service contracting);

(3) monitoring and reporting; and

(4) corrective action.

On an ongoing basis, accountability for achieving expected outcomes is usually addressed through performance measurement. Program evaluations can address a

[1] MCSS Governance and Accountability Framework, June 1999

range of accountability issues such as the degree to which expected outcomes have been achieved, the effectiveness of different services in achieving the objectives, and the benefits experienced by different types of clients. Audits use a systematic, disciplined approach to assess adequacy of governance processes, risk management, and financial and operating control. They also can be used to assess compliance with policies, guidelines and protocols. Public reporting of audit results provides the public/membership with information on how well an organization is being governed and managed.

Service contracting and monitoring are mechanisms used in resource management, and also serve as accountability requirements.

Each provincial ministry is developing accountability mechanisms for provincially-mandated programs. In addition, the province is developing a benchmarking system to assess municipal performance against provincial standards for municipal services.

Quality Assurance

Service quality may be supported in regulation or through policy directives and guidelines. These mechanisms operationalize laws and regulations for consistent on-the-ground implementation. Service quality also depends on the quality of related business processes. Quality of services and business processes is typically assessed through the application of:

- licensing, which determines the degree to which an organization meets regulated standards,
- quality assessment (e.g., ISO 9000), a process used to determine the extent to which business processes and services meet quality standards and expectations and that identifies areas for improvement, and
- client satisfaction surveys, through which organizations can obtain outcome information on their process and services.

Relationship between Quality Assurance and Accountability

The line between accountability and quality assurance is not solid. Sometimes, expectations about quality are built into a performance measurement system. For example, in the delivery of land ambulance services, response time is clearly a measure of service quality. It is also a key performance measure for the program and part of the monitoring and reporting system that is being developed. Conversely, while child care standards are regulated in law, licensing information is not part of the performance measurement strategy for the program.

Accountability mechanisms serve to support effective service delivery. For example, the Basic Requirements for Transfer Payments to Municipal Governments (see page 10) clarify expectations and describe activities that demonstrate whether or not these expectations have been met.

Managing a Service System

Service system management takes into account many variables, such as the needs of the defined groups of individuals and families, the range of services that are required, the organizations and service providers that are part of the existing system, the resources that are available, and the interests of stakeholders in the service system. Service system management differs from a programmatic/linear approach to management in important ways, for example:

- The system manager promotes a shared vision that is client-centered.
- Planning of the local service system is conducted collaboratively by organizations that are part of an inter-organizational network.
- Resourcing and service contracting occur within a community plan that identifies service needs within the community, services available, and location of services.
- The funding approach is strategic. Funds are reallocated within the system to support services that best meet long-term goals.
- Policies address the range of client needs in a way that recognizes the interdependence of these needs and of the services provided.
- Agencies are held accountable for engaging in systemic behaviour, e.g., collaboration and co-ordination.
- Standards address interagency processes.
- Client satisfaction surveys ask questions that help in the assessment of how well services are integrated.

Service system management is a complex undertaking that requires an investment of time and resources. For this reason, it is very important that, from the start, all the partners have a formal agreement or understanding that describes how the system is expected to operate and the specific goals that the partners have agreed to work towards.

Municipalities as Service System Managers

In the past, municipalities delivered the financial assistance component of social assistance within their own municipal boundaries. The municipal role was, for the most part, confined to determining eligibility and providing the financial benefit.

Human Resources Development Canada and colleges that delivered employment programs for youth formed partnerships with some municipalities, developing new and integrated approaches to the delivery of employment supports and services to multiple client groups. These municipalities began to be systems managers within the local employment support system in addition to acting as delivery agents.

With the introduction of Ontario Works, municipalities assumed more formal responsibility for employment support services as well and became key players in a broader employment support system. As a result of LSR, service boards and

municipalities that were designated CMSMs began to manage and deliver additional human services within their own geographic boundaries. The majority of CMSMs also assumed responsibility for managing and delivering the devolved programs and services on behalf of other municipalities within the CMSM boundary, thereby expanding the breadth of the service systems for which they were responsible.

Challenges of Service System Management

There are many challenges a service system manager faces. Some of these challenges are described in the report 'Human Services Integration' (referred to on page 11).

A particular challenge is managing a system in the context of overlapping service systems. For example, child care services are elements of the employment support system of Ontario Works as well as of healthy child development systems, such as those administered through Healthy Babies, Healthy Children. Ideally, there is a community plan that recognizes the various child care needs within the community and identifies priorities for the community as a whole. For this to occur, the managers of the service systems operating within the community need to work collaboratively and with a systemic perspective. The 'Making Services Work for People' initiative is an example of how organizations within communities can work together to simplify access to developmental and children's services.

Employment support systems provide another example. The three levels of government, as well as ministries and departments within governments, may manage comparable service systems that deliver a common set of employment supports and services yet serve different groups of clients — employment insurance recipients, Ontario Works recipients, and special needs clients. There is a potential for having three parallel employment support systems within communities. In such a scenario, each of these systems would provide services to a particular client group within program lines. Effective service system managers would look for opportunities to strengthen the services for their own clients and to reduce duplication among the systems by working together.

To be effective in managing within this complex environment, service system managers must:

- gather community-level demographic and client information,
- develop structures and processes that support the flow of information across boundaries within and across organizations,
- understand and recognize the goals and priorities of other service systems that touch on their own service systems,
- find ways to co-operate across systems rather than compete for clients, resources and service providers, and
- influence other decision-makers so that the needs of their client groups are considered and addressed.

(C) Service Delivery

This refers to the supervision and direct provision of services to clients and the administration of the service delivery function. As managers of human services, CMSMs have the authority, where legislation permits, to determine whether or not to deliver services directly or to contract for service delivery through another organization. CMSMs or alternate service deliverers are expected to carry out the required business processes and deliver services in accordance with provincial and municipal expectations, including the use of mandated technology.

In addition to legislation and regulation, the provincial government supports the delivery of services through the development of policy directives or guidelines. These typically describe, in greater detail, provincial expectations for service delivery.

Effective service delivery systems generally include review and resolution mechanisms. For example, if a benefit claim is denied, there ought to be a fair process for resolving complaints or appeals. These mechanisms also serve as an accountability function by ensuring that only people who are entitled to benefits receive them.

5. Applying the Framework to Programs

As discussed above, the two levels of government, provincial and municipal, both have roles in policy-making, legislation, funding and oversight. However, the specific responsibilities and authority of each level of government depends on the degree of devolution for particular program components and on the arrangements specified in law.

Similarly, both levels are service system managers and therefore have some responsibility for planning, resource management, accountability, and quality assurance. Again, the degree of responsibility and authority vary among the programs and program components.

Provincial and municipal responsibilities for the LSR programs are shown within each of the three roles – governance, service system management, and service delivery – using the chart format shown on the next page (Exhibit D). Key partners (e.g., the federal government, service providers) in the service systems of each program area are also shown in the individual charts following each program description.

In reviewing the chart, it should be kept in mind that the format leads to an appearance of very discrete roles and responsibilities. It shows the division of responsibilities in terms of the authority each level of government has to direct an activity in a specific way, as provided by legislation, regulation, policy, or guidelines.

In reality, each sector, as well as other stakeholders, has a supporting or influencing role in relation to the responsibilities of the other sector, even where there is not the authority to direct. Support can be provided through provision of information, analysis, training, collaboration, etc. The two levels of government also influence each other by providing

advice. Each succeeding level of authority – support to influence to direct – carries with it a responsibility to fulfil the obligations of the lesser level.

Exhibit D

Roles and Responsibilities Framework

Roles/ Responsibilities	Activities
Governance Role	
Policy-making	• Making decisions regarding overall program direction, e.g., program goals, eligibility, service levels • Making decisions regarding strategies for achieving goals, e.g., organizational structure, service delivery model
Law-making	• Passing Acts, Regulations, By-Laws • Service standards
Funding	• Acquiring funds required to meet commitments (through taxation, user fees, fund raising, other sources) • Flowing funds as per commitments (e.g., as specified in legislation or through agreements) • Approving funding mechanisms, strategies
Oversight	• Ensuring that policies and legislation are implemented and achieve expected results • Determining corrective actions to be taken
Service System Manager Role	
Local Service System Planning	• Assessing service needs • Identifying planning partners • Developing planning processes • Developing strategic and operational plans
Resource Allocation and Reallocation	• Allocating/reallocating resources in keeping with strategic and operational plans • Negotiating agreements with partners and delivery agents • Contracting for services and monitoring of agreements
Accountability	• Performance measurement (ministry/CMSM/agency) • Program evaluation • Audit • Service contracting and monitoring of agreements
Quality Assurance	• Developing policy directives/guidelines • Licensing • Measuring client satisfaction • Program evaluation
Service Deliverer Role	
	• Providing services according to agreements and in ways that meet standards • Establishing dispute resolution mechanisms (e.g., appeals process)

Part II - Programs

This section provides a brief summary of each of the major program areas. The summaries are followed by a chart that provides a high level overview of the roles and responsibilities of each sector, and other partners. For the most part, the focus is on the responsibilities over which each level of government has authority.

Funding available to CMSMs through National Child Benefit Reinvestment, Provincial Homelessness Initiatives Fund, and for exceeding Ontario Works workfare placement targets are not addressed in this document. These funds must be spent within a defined scope set by the province, for example, OW funds must be used for local services such as helping those receiving financial assistance, providing assistance to vulnerable children, supporting the homeless, or child care. However, within these broad parameters, CMSMs have the authority to allocate the funds among the human services for which they are service managers.

It should be noted that these charts are not meant to be all-inclusive. Rather, they provide concrete examples that help the reader to see the relationship between the activities within each sector.

Ontario Works

Overview

Ontario Works provides temporary employment and financial assistance to people who are in financial need, including single people, couples with and without children, and sole support parents. The goal of Ontario Works (OW) is to help people break the cycle of dependency on the welfare system. Learning, Earning And Parenting (LEAP) is a component of Ontario Works aimed specifically at teen parents.

The *Ontario Works Act, 1997*

The *Ontario Works Act, 1997* was proclaimed on May 1, 1998. The purpose of this Act is to establish a program that,

(a) recognizes individual responsibility and promotes self-reliance through employment;

(b) provides temporary financial assistance to those most in need while they satisfy obligations to become and stay employed;

(c) effectively serves people needing assistance; and

(d) is accountable to the taxpayers of Ontario.

Two types of assistance must be provided by delivery agents, which include CMSMs and First Nations: basic financial assistance and employment assistance.

Basic Financial Assistance

Basic financial assistance includes:

- financial assistance that is provided for the purpose of basic needs and shelter;
- benefits as prescribed in regulations, e.g., prescription drugs; and
- emergency assistance that is provided to help with basic needs and shelter on an emergency basis.

Employment Assistance

Employment assistance[1] is made available to Ontario Works participants to help them become and stay employed. Employment assistance, which includes community participation activities, provides job-related skills training and experience in work settings.

A new model was introduced in 2000 for the funding of Ontario Works employment assistance services. Funding is based on the level of employment services provided to participants and documented in their participation agreements and in the technology.

Service contracts between the ministry and CMSMs (referred to as Delivery Agents in the *Ontario Works Act*) for employment assistance services are based on a negotiated percentage distribution of eligible participants among three service levels: basic, intermediate and advanced.

Level 1 – *Basic* includes services related to independent job search (e.g., job banks, information referral) and structured search.

Level 2 – *Intermediate* includes employment and community placements of less than 30 hours per month and job-specific skills training.

Level 3 – *Advanced* includes employment and community placements of 30 hours or more per month and self-employment development.

Learning, Earning and Parenting (LEAP)

Learning, Earning and Parenting (LEAP) is a targeted strategy of intervention under Ontario Works that focuses on teenaged parents. LEAP requires these parents to attend high school, take parenting classes and develop the skills necessary to leave Ontario Works. Parents aged 16-17 who have not completed high school and who are Ontario Works participants, or part of a benefit unit receiving financial assistance under OW, *must* participate in LEAP. Parents aged 18-21 who have not completed high school and who are Ontario Works participants, or part of a benefit unit receiving financial assistance under OW, *may* participate. LEAP participants have access to the full range of supports available under Ontario Works to support their attendance and success at school, and their parenting and earning activities.

Eligibility

In order to be eligible for Ontario Works, the income of an applicant and any dependants must not exceed their budgetary requirements and their assets cannot exceed the limits

[1] The relevant regulation may be seen at http://192.75.156.68/DBLaws/Regs/English/980134_e.htm

prescribed in the regulations. The specific personal, financial and other information required to determine eligibility is prescribed in regulations.

Participants with mandatory requirements, including sole support parents with school-age children, are eligible to receive temporary financial assistance if they participate, or make reasonable efforts to participate, in employment assistance measures intended to enable them to become employed.

Appeals Process

The *Ontario Works Act, 1997* established a rigorous process for addressing disputes over decisions that affect eligibility, types and amounts of financial assistance and benefits, as well as other matters. Key features of the appeals process include:

- the establishment of a Social Benefits Tribunal;
- a requirement that each delivery agent establish an internal review process to address disputes about decisions affecting applicants/participants;
- the provision that an internal review must be completed before an appeal to the Social Benefits Tribunal will proceed; and
- the provision of financial assistance on an interim basis to a person appealing a decision, if the Tribunal believes the applicant would suffer financial hardship during the time needed for the Tribunal to complete its review and give notice of that decision.

Modernizing the Delivery of Social Assistance

The ministry is working with Accenture (formerly Andersen Consulting) to reform the social assistance delivery system through the Business Transformation Project (BTP). BTP staff are developing cost-effective and efficient business and technology solutions to modernize the delivery of social assistance, improve client service, reduce fraud and save taxpayers money. This transformation will take place gradually, with completion scheduled for January 2002.

Key components of the Business Transformation Project's Service Delivery Model (SDM) consist of (1) the Service Delivery Model, (2) the Consolidated Verification Process (CVP), (3) a process for taking Ontario Works applications in seven municipally-run Intake Screening Units (ISUs) across the province[1] and (4) an Interactive Voice Response (IVR) system, which gives recipients access to information about their benefits through a touch-tone telephone.

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[1] Algoma DSSAB, County of Grey, Regional Municipality of Peel, City of Hamilton, City of Toronto, City of Peterborough, and County of Hastings.

Role of CMSMs

As service managers for Ontario Works, CMSMs ensure that internal and community resources are deployed so as to achieve target levels and meet the needs of their communities. CMSMs ensure that services are provided in accordance with relevant legislation. They determine local approaches to governance, service system management, and service delivery of Ontario Works, for example,

- CMSMs establish mechanisms for approving decisions related to Ontario Works and approve the organizational structure that will manage the program;
- The CMSMs develop the system of services for the employment assistance component of the program. A number of other stakeholders provide employment-related services, e.g., HRDC, non-profit and for-profit agencies, municipalities. It is the CMSMs' role as service system manager to work with these potential partners to build and maintain an effective delivery system of employment supports within the community; and
- As service system managers, CMSMs have the opportunity to develop Ontario Works intake and eligibility processes that utilize a systems approach to these functions. This can also entail coordination with other human services, e.g., child care, social housing, public health.

Ontario Works Overview

Roles/Responsibilities	Province
Governance	
Policy-Making	• determines eligibility criteria, e.g., - as a condition of eligibility, applicants expected to participate in job-readiness activities - welfare fraud to result in lifetime welfare ineligibility • sets service level targets for CMSMs • determines overall approach to service deliver, e.g., - BTP Service Delivery Model - integrated services for teen parents (LEAP)
Law Making	• *Ontario Works Act, 1997* • *District Social Services Administration Board Act* • *Ministry of Community and Social Services Act*
Funding	• 80% of associated program costs • 50% of administration costs
Oversight	• ensures compliance with provincial legislation and standards • ensures that OW is a program of last resort • ensures that program supports self-reliance - entry/ re-entry into the labour market
Service System Management	
Local Service System Planning	• negotiates service level targets with CMSMs
Resource Allocation and Management	• approves allocations and flows funds to CMSMs
Accountability	• develops and monitors results: - municipal benchmarking - performance measures - audit framework and review
Quality Assurance	• develops information sharing agreements with other jurisdictions • develops tools and technology to support service delivery, e.g., Service Delivery Model, Caseworker Technology, and Ontario Works Technology • provides policy directives, guidelines, and other information • monitors and enforces compliance standards • promotes best practices
Service Delivery	
	N/A

Service Managers (CMSMs)	Other
Governance	
Policy-Making • set local policies, e.g., provision of discretionary services such as vision, dental • determine local approaches to governance, administration, and service delivery	
Law Making	*Canada Health and Social Transfer Act*
Funding • 20% of program costs • 50% of administration costs	• Federal government penalizes provinces with residency requirements
Oversight • ensure that service levels are achieved • ensures that services are delivered in accordance with legislation	
Service System Management	
Local Service System Planning • identify and engage with potential partners • coordinate planning of employment support system with community partners • develop strategic and operational plans	• HRDC • community colleges
Resource Allocation and Management • negotiate and develop service contracts with local providers for client placements and service delivery • monitor and enforce agreements	
Accountability • implement and report on performance measures	
Quality Assurance • provide input into Service Delivery Model and technology	
Service Delivery	
• determine eligibility and deliver financial benefits • directly or through third parties, deliver employment support, community placement, and job placement to eligible clients • provide coordinated services for LEAP clients	• HRDC • community-based providers

Child Care

Overview

A variety of changes were made to managing the delivery of child care as a result of amendments to the *Day Nurseries Act*. Before January 1, 1998, municipal involvement in child care programs was discretionary and limited to fee subsidies which provide financial assistance towards the cost of licensed child care for those who qualify (see Child Care Programs, below). For those municipalities that chose to participate, fee subsidies were cost-shared on an 80% provincial, 20% municipal basis. Where there were gaps in services, the ministry entered into agreements with "approved corporations" to deliver fee subsidies. The management of wage subsidies, resource centres, and special needs resourcing was a provincial responsibility.

Amendments to the *Day Nurseries Act*

The *Day Nurseries Act* was amended by Schedule C of the *Services Improvement Act* which came into effect January 1, 1998. These amendments changed the roles and responsibilities of the provincial and municipal levels of government, allowing the Minister to designate delivery agents to manage the delivery of the full range of child care services.

As of January 1, 2000, all CMSMs are designated as child care delivery agents, responsible for the administration of financial testing for fee subsidy and the management of the child care service system. As a result of designation, service delivery of child care programs is managed at the local level, within a framework of comprehensive provincial standards. Some CMSMs are involved in child care for the first time, whereas others delivered the regular fee subsidy component prior to designation. Management of wage subsidy, special needs resourcing and resource centres, which used to be a provincial responsibility, is now the responsibility of all CMSMs, effective January 1, 2000. The province continues to be responsible for licensing of day nurseries and private home day care agencies.

Types of Child Care

The two types of child care are licensed care and informal care.

Licensed child care (formal child care) is provided by a child care provider licensed under the *Day Nurseries Act*. Child care centres, including nursery schools and private home day care agencies, are licensed.

Informal child care (unlicensed) is usually arranged by the parent with a caregiver who may be a relative, friend, neighbour or nanny. Informal care can also include alternative

child care arrangements in community programs such as parks and recreation programs or camps.

Child Care Programs

Regular Child Care

These are prescribed programs under the *Day Nurseries Act*:

Fee subsidies provide financial assistance towards the cost of licensed child care for parents who are "persons in need", as determined by a needs test, and for parents of children with special needs. The amount of the fee subsidy depends on the financial need of the family and may cover the entire cost of the child care. The number of hours of subsidized care generally is tied to the amount of time parents are engaged in approved activities (e.g., training, work). CMSMs may provide fee subsidy for school-aged children enrolled in recreational programs.

Wage subsidy augments the wages of child care workers in the licensed sector.

Special needs resourcing provides staff and other supports to meet the needs of children with special needs. Assistance can be provided in a child care centre, or private home day care.

Resource centres provide information, public education, consultation, and supports to caregivers, including parents.

Ontario Works Child Care

Ontario Works child care provides financial assistance for child care in addition to fee subsidies to support participation in employment assistance activities and the transition to employment. The amount of child care expenses permitted for licensed care is the actual amount spent. Up to $390 per month, per child, is the amount permitted for informal child care. Financial assistance for child care under Ontario Works (including LEAP parents) is tied to the amount of time parents are engaged in approved activities as per their participation agreements. Funding for full-day child care is provided only to parents engaged in approved full-day activities.

Ontario Child Care Supplement for Working Families

The Ontario Child Care Supplement for Working Families supports low and modest income parents who are working or studying, as well as working families with one stay-at-home parent. This program is administered by the Ministry of Finance.

Eligibility

Parents who may be eligible for full or partial fee subsidy include:

- parents in economic need who work, are in training or in school;
- parents with special needs children;
- under certain circumstances, high risk families with children; and
- Ontario Works participants who receive financial assistance for child care expenses related to community participation, employment support and employment placement.

Role of CMSMs

As service managers for child care, CMSMs, ensure that internal and community resources are deployed to maintain service levels and meet the needs of their communities.

They ensure that child care is provided in accordance with relevant legislation.

They determine local approaches to governance, service system management, and service delivery of child care, for example:

- CMSMs establish council mechanisms for approving decisions related to child care and approve the organizational structure that will manage the program;
- They work with a wide variety of community partners to develop local child care service plans that take local service needs into consideration and address the mix of fee subsidies and Ontario Works child care assistance needed by their communities, e.g., full- and part-day care; and care serving different age groups;
- As service managers for LEAP, CMSMs determine the configuration of services, including child care, for eligible LEAP clients.
- As service managers for child care, Ontario Works and social housing, CMSMs have the opportunity to develop integrated approaches to intake and eligibility determination; and
- A CMSM may deliver licensed formal child care services directly through a municipally operated child care centre or private home day care agency which approves and monitors individual providers in their homes. CMSMs may also enter into a purchase of service agreement with licensed child care centres or private home day care agencies. These programs can be non-profit or for-profit and located throughout the community, often in schools or sometimes in the workplace.

Child Care Overview

Roles/Responsibilities	Province
Governance	
Policy-Making	• provides provincial policy and guidelines for CMSMs to work within, including levels of service, eligibility criteria, allowable services, and benefit levels, e.g., – fee subsidy available for eligible hours only – recreation programs permissible under fee subsidy • sets minimum health and safety standards for child care services
Law Making	• *Day Nurseries Act* • *District Social Services Administration Board Act* • *Ministry of Community and Social Services Act*
Funding	• 80% of costs of prescribed services • 50% of administration costs
Oversight	• ensures that child care services are safe, cost-effective, and conform to provincial legislation • ensures that fee subsidies support entry into the labour market
Service System Management	
Local Service System Planning	• develops planning tools, e.g., Framework for Child Care Service Planning • promotes linkages with other children's services, e.g., services for children with special needs
Resource Allocation and Management	• approves allocations and flows funds to CMSMs
Accountability	• develops and monitors child care performance measures and compliance with provincial policies and legislation
Quality Assurance	• monitors compliance with provincial child care standards through child care licensing • monitors compliance with policies regarding transfer • develops child care directives to clarify standards
Service Delivery	
	• licenses day nurseries and private home day care agencies

Service Managers (CMSMs)	Other
Governance	
Policy-Making • set local policies, e.g., – which, if any, discretionary services will be funded – whether user fees will be charged, to whom, and how much • determine local approaches to governance, administration, and service delivery	• Federal National Child Benefit program
Law Making	
Funding • 20% of costs of prescribed services • 50% of administration costs	• NCB funds • Early Years funds
Oversight • ensure that service levels are maintained • ensures that community needs are met by mix of child care services • ensure that services are provided in accordance with relevant legislation and by-laws	
Service System Management	
Local Service System Planning • identify and engage with children's services partners • coordinate child care planning with planning of other children's services within community • develop child care plans	• Ministry of Health & Long-Term Care • Ministry of Education • Ministry of Tourism, Culture and Recreation • community partners
Resource Allocation and Management • negotiate service contracts with local providers • monitor and enforce agreements	
Accountability • implement and report on performance measures	
Quality Assurance • conduct parent satisfaction surveys • monitors service provider compliance	
Service Delivery	
• directly or through third parties, conduct needs testing, administer fee subsidy and operates resource centres • administer wage subsidy and special needs resourcing	• third party providers

Social Housing

Background

Social housing in Ontario has been funded and built under a variety of different programs, each with its own set of rules and funding arrangements. The social housing portfolio consists of:

- 84,000 units of public housing. These were previously owned and managed by the Ontario Housing Corporation and operated by local housing authorities; they are now owned and operated by municipal Service Managers;
- 156,000 units owned by co-op members or non-profit corporations (municipal and private). These are operated under agreements with the province or the federal government or both federal and provincial agreements; and
- 21,000 tenants in privately owned buildings assisted through rent-supplement contracts with landlords.

Historically, social housing in Ontario was funded and administered by both the federal and provincial governments under several agreements. These agreements ranged from sole funding by one or the other government, to joint funding. In the 1990's, the federal and provincial governments decided to withdraw from the administration of social housing.

Accordingly, in January 1998, the Ontario government transferred its financial responsibility for social housing to municipalities, as part of local services realignment.

In November 1999, the province signed a new social housing agreement with the federal government which:

- transferred administration of federally administered programs (except federally administered co-ops) to the province;
- established the level of continued financial support that will be provided by the federal government; and
- provided the flexibility to devolve administration of both federal unilateral and joint federal/provincial programs to municipalities.

This agreement allowed the Ministry of Municipal Affairs and Housing to proceed with its plans to transfer responsibility for administering social housing to municipalities.

The *Social Housing Reform Act, 2000*

The Social Housing Reform Act, 2000 transferred the entire public housing business to the municipal sector. *The Act* sets out the province's legislative framework for the social housing transfer. Responsibility for the administration of all public housing was transferred to the province's Consolidated Municipal Service Managers[1] on January 1, 2001. The transfer of non-profit, co-op and federal housing programs is expected to be complete by June 2002.

The Social Housing Reform Act, 2000:

- establishes a framework for the administration and funding of housing programs by service managers,
- governs the provision of Rent Geared to Income (RGI) assistance and special needs housing under those programs, and
- authorizes the transfer of assets, rights, liabilities and obligations relating to those programs to Service Managers.

Under the social housing reforms, the province will:

- set standards to ensure that service levels are maintained,
- ensure that basic eligibility and benefits rules for individuals are fair and consistent across the province, and
- flow funding received from the federal government to municipalities to assist with the costs of social housing, and report to the federal government on the use of those funds.

The transfer of responsibility for social housing is taking place in two stages:

First Stage: The province transferred the ownership and administration of public housing to the municipal level, effective January 1, 2001. Rent supplement programs previously administered by the Ontario Housing Corporation and local housing authorities were included in this transfer. Municipalities now have flexibility to determine the governance structure for public housing, and to develop new funding and administrative systems, provided they continue to meet provincial standards.

Second Stage: Service Managers are developing transfer plans for the transfer of responsibility for administering provincial and federal housing programs. MMAH and each Service Manager are jointly developing local implementation plans to address all social housing business functions and activities. Service Managers were given until May

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[1] The *Act* identifies municipal Service Managers. However, it was intended under the *Act* that the service managers and service areas would be the same as the "delivery agents" and service areas designated by the Minister of Community and Social Services under authority of the *Ontario Works Act, 1997* and the *Day Nurseries Act*. There are presently 37 municipalities and 10 DSSABs designated as delivery agents, referred to in this document as CMSMs.

14, 2001 to complete their plans. The implementation of the transfer will begin in October 2001. It is expected that the transfer will be completed by May 2002.

By the end of the second stage, the transfer will be substantially completed, and Service Managers will be accountable for all social housing programs except dedicated supportive housing, in which all of the tenants require support services. This includes administration of several former federally administered housing programs that were transferred to Ontario as part of the social housing agreement with the federal government.

Role of Service Managers

Service managers ensure that service levels are maintained and that the services provided meet local needs and priorities. They:

- determine local approaches to governance, service system management, and service delivery for their own social housing portfolios;
- own their public housing stock;
- continue to fund social housing;
- ensure that service levels to tenants are maintained; and
- have additional powers to develop new housing programs and services.

The new legislation shifts responsibility for intake and financial testing of applicants from providers to Service Managers. Each Service Manager is now responsible for determining how these functions should be carried out to best meet the needs of the local community. The transfer of administration of social housing to municipalities also allows Service Managers to decide whether and how to integrate social housing administration with that of other programs such as Ontario Works and child care. The Service Manager's Guide for Joint Local Transfer Planning can be found at:

http://www.mah.gov.on.ca/business/SHT/smguide/smguide-e.pdf

Note. The social housing charts that follow reflect provincial and municipal responsibilities once devolution has been completed.

Social Housing (SH) Overview

Roles/Responsibilities	Province
Governance	
Policy-Making	• establishes service levels (number of RGI, high needs, and modified units) • determines RGI eligibility criteria and benefit levels • approves operating framework that addresses common waiting list, funding model, key program features, delegation of RGI administration
Law Making	• *Social Housing Devolution Act, 1998* • *Social Housing Reform Act, 2000*
Funding	• transfers federal resources to Service Managers • funds some dedicated supportive housing units • funds supports and services to special needs tenants in dedicated supportive housing
Oversight	• ensures compliance with federal and provincial legislation, including service level standards • ensures that mortgages are secure
Service System Management	
Local Service System Planning	
Resource Allocation and Management	• allocates resources to Service Managers pursuant to F/P Agreement
Accountability	• monitors and reports on compliance with service level expectations • monitors compliance with standards • monitors projects in difficulty • reports on federal performance data
Quality Assurance	• monitors compliance with standards • conducts program reviews
Service Delivery	
	• until debentures on individual projects are paid off, province approves business plan for any sale/restructuring

Service Managers (CMSMs)	Other
Governance	
Policy-Making • set policies on new housing, affordable housing • determine local approaches to governance, administration, and service delivery for social housing, e.g., – determine governance structure of Local Housing Corporations – set local eligibility requirements, occupancy standards, access priorities	
Law Making	• federal/provincial Social Housing Agreement, 1999
Funding • funds 100% of SH operating subsidies (excluding co-op units and supportive housing units)	• the federal gov't funds co-op and some dedicated supportive housing units
Oversight • ensure that local SH is administered in a manner that responds to local needs and priorities • ensure that service levels are maintained • ensure that providers operate in accordance with federal and provincial standards • ensure that risks associated with Projects in Difficulty are mitigated	
Service System Management	
Local Service System Planning • develop plans in consultation with housing providers	• MOHLTC and MCSS are partners in some buildings and units • housing providers
Resource Allocation and Management • at their discretion, negotiate operating agreements with local housing providers, providing that agreements do not supersede SHRA • monitor and enforce federal agreements with non-profits • distribute federal SH funds to housing providers • mitigate risks associated with Projects in Difficulty	• Social Housing Services Corporation assists Service Managers and providers to administer programs and projects cost-effectively
Accountability • report to province as required by policy and legislation • report to province on federal performance data	
Quality Assurance • report to province as required by policy and legislation	
Service Delivery	
• carry out directly or through third parties • eligibility determination and rent calculation • distribute funds to providers • manage public housing properties • operate a coordinated access system • negotiate, monitor, and enforce rent-supplement and repayable loan contracts with housing providers	• housing providers

Public Health

Overview

Public health focuses on the health of the population and the determinants of health, rather than the treatment of individual illness and disability. Determinants of health include level of income, social status, education, work place environment, and family/friend supports. Studies have shown that these factors have as much or more to do with influencing health than does the presence of health care professionals and facilities. By focusing on prevention and health promotion, public health services aims to reduce expensive health and disability costs associated with medical treatment and chronic disability.

The *Health Protection and Promotion Act*

The *Health Protection and Promotion Act*, 1997 (HPPA) sets out the legislative framework for public health. The HPPA provides for the Minister of Health and Long-Term Care to set minimum standards that must be followed by all Boards of Health that are responsible for managing and delivering public health programs across the province.

Focus of Public Health

Public Health is concerned with the health and well-being of the whole community and focuses on three areas:

- preventing conditions that may put health at risk (health protection);
- early detection of health problems (screening); and
- changing peoples and societies attitudes and practices regarding lifestyle choices (health promotion).

The Ontario Ministry of Health and Long-Term Care is responsible for developing provincial policy direction and establishing provincial standards related to public health services.

In Ontario, Boards of Health are responsible and accountable for the provision of approved public health programs and services through the province's 37 Health Units. Boards of Health are responsible for the local delivery of minimum public health programs and services.

Specific programs delivered by Boards of Health through local health units include:

- chronic disease prevention;
- early detection of cancer;
- injury prevention including substance abuse;
- reproductive health;
- child health, speech and language programs;
- health hazard investigations;
- vaccine preventable diseases;
- tuberculosis control;
- infection control;
- food safety;
- safe water;
- disease outbreak investigation;
- sexually transmitted diseases; and
- rabies control programs.

Governance

Boards of Health are required to provide or ensure provision of public health programs and services in accordance with the HPPA, the Regulations under the Act, and the Mandatory Health Programs and Services Guidelines (minimum provincial standards set by the Minister under the Act). The mandatory programs comprise 3 general standards and 14 program standards, which together contain over 200 specific requirements that all Boards of Health must meet.

Boards of Health consist of single and multi-municipal autonomous boards and regional councils. Boards that are regional councils consist solely of municipal politicians. On autonomous boards the municipal representatives may be citizen members, as well as elected representatives appointed to the Board of Health. Autonomous boards generally have members appointed by the province as well.

Section 1(1) of the *Health Protection and Promotion Act (HPPA)* provides that an "agency, board or organization prescribed by regulation" might become a Board of Health. This allows for entities such as county councils, Consolidated Municipal Service Managers (CMSMs), and District Social Services Administration Boards (DSSABs) to apply to become the Board of Health.

In addition, the *Northern Services Boards Act* permits the establishment of Area Services Boards (ASB) for which public health is a mandatory program. Some municipalities in Northern Ontario are considering forming Area Services Boards (ASB).
The provincial government reserves the right to appoint additional members to boards but the number of provincial appointees must be less than the number of municipal appointments on any given board (see Appendix B).

Funding

Under the provisions of the *HPPA,* the obligated municipalities in a health unit are responsible for the expenses of the Board of Health. However, section 76 of the Act provides that the Minister may make grants for the purposes of the Act on such conditions as he or she considers appropriate.

Presently, the province provides funding to Boards of Health for the implementation of mandatory public health programs on a 50/50 cost-shared basis (100% in unorganized areas) with the exception of the Healthy Babies, Healthy Children program and speech and audiology, which receive 100% funding.

Boards of Health may provide additional programs in addition to the provincial mandatory programs. Funding for any such programs is 100 % from the obligated municipalities.

Accountability

The MOHLTC has established an accountability framework and performance review processes to ensure board of health compliance with the Mandatory Health Programs and Services Guidelines (1997) (MHPSG). Boards of Health are expected to develop and implement action plans for achievement of full compliance with their legislated mandate.

The level of compliance by Boards of Health is measured annually. The Public Health Branch provides ongoing expertise and consultation to the local health units on the implementation of the MHPSG.

The Boards of Health and the Ministry of Health and Long-Term Care work collaboratively and within a developmental context to establish expectations and monitor performance through joint planning and evaluation activities. The Ministry has adopted a consultative approach to establishing expectations and an ongoing educational and supportive approach to monitoring performance related to the mandated public health programs and services.

Annual service agreements between boards of health and the MOHLTC define the terms and conditions for which grants will be issued to the local municipalities to implement the mandated public health programs and services.

In situations of reported non-compliance with the provincially mandated public health programs and services, the MOHLTC can exercise its legislated authority to conduct assessments and enforce compliance, as per the *Health Protection and Promotion Act* (HPPA), Section 82.

Service Delivery

There are 37 Boards of Health responsible and accountable for the delivery of mandated public health programs and services throughout Ontario. A Medical Officer of Health reports to the Board of Health for the management of public health programs and services. Staff delivering public health programs do so under the direction of the Medical Officer of Health.

Public health delivers its programs and services on a population health approach. This means that programs are targeted at 1) the public as a whole, e.g., physical activity, dangers of second-hand smoke, or 2) targeted sub-groups of the population, e.g., expectant mothers (pre-natal health), high school students (drinking and driving).

Public Health Overview

Roles/Responsibilities	Province
Governance	
Policy-Making	• designates Boards of Health • sets minimum standards for mandatory public health programs and services
Law Making	• *Health Protection and Promotion Act* • *Immunization of School Pupils Act* • other relevant Acts
Funding	• grants 50% of the approved board of health costs for mandatory programs with the exception of Healthy Babies, Healthy Children; Speech and Language, provincial sexual health resources, and service delivery in unincorporated areas which are funded by the province at 100%
Oversight	• ensures that all Ontario residents have access to minimum public health services • monitors and enforces the *Act*, the regulations and the Mandatory Health Programs and Services Guidelines
Service System Management	
Local Service System Planning	• sets policy objectives within the context of government direction, priorities and business plans • provides leadership in program and implementation planning for new initiatives • establishes guidelines and protocols
Resource Allocation and Management	• approves grant and flows funds in accordance with annual service agreements • review quarterly/annual financial reports • complete year-end settlements
Accountability	• establishes accountability framework and performance measures • sets standards, expectations and reporting requirements • monitors and enforces compliance with minimum standards
Quality Assurance	• shared accountability framework and performance monitoring is undertaken within a developmental and supportive environment emphasizing continuous quality improvement • voluntary accreditation of health units by the Ontario Council of Community Health Accreditation (OCCHA) is encouraged • provides educational support and expert consultation to local health units • collaborates in identification and dissemination of best-practice information
Service Delivery	
	• develops and manages provincial information systems • develops protocols, tools, manuals, etc. • carries out surveillance of diseases and risk factors • provides direct assistance in emergency situations (e.g. disease outbreak) • has power to assume Board responsibilities if local entity unable to do so

Service Managers (CMSMs)	Other
Governance	
Policy-Making • participate in policy forums/advisory committees • set local policies (e.g., provision of discretionary services in addition to mandatory programs)	MOHLTC and AMO established a Public Health Liaison Committee which meets approximately three times per year
Law Making	
Funding • CMSMs/obligated municipalities are responsible for Board of Health expenses related to the provision of minimum mandated public health services and programs	
Oversight • ensure the provision of all mandatory public health services within geographic area of responsibility	
Service System Management	
Local Service System Planning • identify priorities and local directions consistent with provincial directions consistent with provincial directions and community needs • identify and engage with potential partners (other sectors, agencies and volunteer/community groups/coalitions, etc.) • develop plans for the provision of mandatory programs	
Resource Allocation and Management • develop and manage annual budget to meet local priorities and mandatory program requirements	
Accountability • complies with the *Act*, regulations and mandatory guidelines • complies with required performance reporting requirements	
Quality Assurance • establish local procedures and protocols to ensure that service delivery meets standards • ensure necessary adequate internal controls • evaluate program delivery and implements necessary corrective action • comply with programs planning and evaluation standard	
Service Delivery	
• manage the local administration and delivery of services, contracts and relationships with other providers • deliver or ensures the delivery of minimum public health services • provide additional services to address specific local needs	

Land Ambulance

Overview

The Ministry of Health and Long-Term Care has completed the process of transferring responsibility for land ambulance services from the province to municipalities. All upper tier municipalities and designated delivery agents assumed full responsibility to contract for, or to directly deliver, land ambulance services in their area by January 1, 2001.

Provincial and municipal responsibilities for land ambulance services are clearly demarcated by legislation. In practice, municipalities and the province work together as partners in carrying out their respective responsibilities. To facilitate the partnership, the Ministry and the Association of Municipalities of Ontario (AMO) established the Land Ambulance Implementation Steering Committee (LAISC) with elected and staff representatives from the municipalities and the province. LAISC provides ongoing advice to the Minister on the transition and any legislative or policy needs arising from it.

The Ambulance Act

The *Ambulance Act*, as amended by the *Services Improvement Act, 1997*, the *Tax Credit and Revenue Protection Act, 1998*, *the More Tax Cuts for Jobs, Growth and Prosperity Act, 1999*, and the *Red Tape Reduction Act, 1999* sets out the legislative framework for the funding and delivery of land ambulance services under municipal jurisdiction.

The *Ambulance Act* sets out the Minister's duties and powers to:

- administer and enforce the *Act;*
- establish a council for the purpose of advising on matters respecting the provision of ambulance service in the province;
- ensure a balanced and integrated system of ambulance and communication services;
- establish, maintain, and operate communication services, alone or in co-operation with others, and to fund such services;
- establish standards and ensure compliance with those standards;
- monitor, inspect and evaluate services and investigate complaints; and
- appoint an authority to certify operators.

The *Ambulance Act* provides two options for the provision of land ambulance services. Upper tier municipalities and designated delivery agents may:

- provide the service directly, or
- conduct a Request for Proposal to select the best quality, best price provider of service.

Accountability

A core responsibility of the Ministry of Health and Long-Term Care is to monitor and ensure compliance of land ambulance service providers with the legislated standards.

Funding

Prior to January 1, 1998, the Ministry of Health and Long-Term Care fully funded and directed the operations of all land ambulance services in Ontario (with the exception of the City of Toronto). As of January 1, 1998, municipalities became responsible for 100% of land ambulance costs. In early 1999, the province announced that it would, effective January 1, 1999 pay 50% of the approved costs associated with the provision of land ambulance services.

Effective January 1, 2001, all upper tier municipalities and designated delivery agents assumed responsibility for contracting or directly delivering land ambulance services. The Ministry continues to fund 50% of the approved cost of land ambulance service provided by a an upper tier municipality or designated delivery agent. Approved costs are defined by an Approved Costs Funding Template announced by the Minister of Health and Long-Term Care in October, 2000.

Service Delivery

There are 50 land ambulance service areas covering the province, of which 24 are upper tier municipalities and 26 are designated land ambulance delivery agents. Of the 50 upper tier municipalities and designated delivery agents that are responsible for land ambulance, 41 are CMSMs. Upper tier municipalities and designated delivery agents are providing service as follows:

- 22 operate the service themselves,
- 16 contracted with existing operators, and
- 12 conducted Requests for Proposals to select contracted operators.

Upper tier municipalities and designated delivery agents are fully responsible and accountable for the delivery of land ambulance services within their areas. Since ambulance services are directed to cross service area boundaries to pick up patients, municipalities are responsible for consulting with neighbouring municipalities on ambulance service delivery issues. Where upper tier municipalities and designated delivery agents enter into agreements with operators to deliver land ambulance services, they are responsible for negotiating and reviewing contracts.

Role of Upper Tier Municipalities (UTMs)/Designated Delivery Agents (DDAs)

Upper tier municipalities and designated delivery agents ensure compliance with land ambulance service standards. These standards include:

- Certification of Operators
- Patient Care and Transportation
- Ambulance Service Documentation
- Response Time
- Communicable Diseases.

They determine local approaches to governance, service system management, and service delivery. For example, upper tier municipalities and designated delivery agents:

- establish governance mechanisms for approving decisions related to land ambulance services and the organizational structure that will manage the program;
- engage in planning with other upper tier municipalities and designated delivery agents with whom they share borders to ensure seamless services across boundaries;
- develop short and long-term plans for meeting the needs of residents;
- determine whether to deliver services directly or contract with third parties; and
- manage contracts with third parties.

Land Ambulance Overview

Roles/Responsibilities	Province
Governance	
Policy-Making	• sets standard (in consultation with the LAISC standards sub-committee)
Law Making	• administers and enforces the *Ambulance Act* and Regulations • consults with municipalities on changes to the *Act* and Regulations
Funding	• grants 50% of the approved costs contained in the Funding Template
Oversight	• ensures the existence of a balanced and integrated system of ambulance and communication services • as the certifying authority, ensures that all operators meet the certification criteria, and issues certificates to operators
Service System Management	
Local Service System Planning	• plans for the delivery of dispatch services, training of ambulance and dispatch personnel, field management activities and base hospitals
Resource Allocation and Management	
Accountability	• in consultation with LAISC, establishes standards for the management, operation and use of ambulance services • ensures compliance with standards
Quality Assurance	• monitors, inspects and evaluates services and investigates complaints • the Director of the Emergency Health Services Branch may order an operator to remedy a contravention of a standard or the *Act* • revokes the operator's certification for failing to successfully complete the certification process
Service Delivery	

CMSMs/Designated Delivery Agents	Other
Governance	
Policy-Making • set local policies, e.g., determine which, if any, discretionary services to fund • determine local approaches to governance, administration, and service delivery, e.g., organizational structure, establishment of local advisory committee, etc. • provide the Minister with advice and recommendations on standards and other issues through LAISC	
Law Making • provide advice and recommendations on statutory changes through the Land Ambulance Implementation Steering Committee (LAISC) • may pass by-laws relating to the establishment, acquisition, maintenance, operation and use of an ambulance service • may pass by-laws with respect to ensuring the provisions of land ambulance services in the municipality	
Funding • responsible for all the costs associated with the provision of land ambulance in the municipality	
Oversight • ensure that service levels and quality are maintained • ensures that standards are met • ensure that health and safety of citizens are supported through an effective ambulance system • ensure the proper management, operation and use of land ambulance services by the operators	
Service System Management	
Local Service System Planning • plan for the provision of ambulance services in accordance with the needs of persons in the municipality	
Resource Allocation and Management • negotiate service agreements with operators • select operators to provide services • ensures, or enters into agreements to ensure the proper management, operation and use of land ambulance services by the operators • ensures the supply of vehicles, equipment, services, information necessary for the proper provision of ambulance services in the municipality	
Accountability • responsible for providing land ambulance services in accordance with the needs of persons in the municipality	
Quality Assurance • responsible for ensuring that patient care and transport is carried out in accordance with applicable standards and procedures • responsible for the training and supervision of staff, maintenance of vehicles and equipment, and the provision of a quality assurance program	
Service Delivery	
• directly, or through a contracted operator, provides land ambulance services in the municipality/service area	

Ontario Disability Support Program

Overview

The Ontario Disability Support Program (ODSP) provides income support for people with disabilities and employment supports for people with disabilities who want to work. The ODSP, separate from the Ontario Works program, is designed to meet the unique needs of people with disabilities. All applicants who apply to the ODSP have their applications assessed to identify whether they are persons with a disability and meet the financial criteria of the program.

The Ontario Disability Support Program (ODSP) provides a range of employment supports services to assist people with disabilities to find, obtain, and keep a job. The program is voluntary and open to any person with a disability who meets the eligibility criteria.

The *Ontario Disability Support Program Act, 1997*

The *Ontario Disability Support Program Act, 1997* was proclaimed on June 1, 1998. The purpose of this Act is to establish a program that:

- provides income and employment supports to eligible persons with disabilities;
- recognizes that government, communities, families and individuals share responsibility for providing such supports;
- effectively serves persons with disabilities who need assistance; and
- is accountable to the taxpayers of Ontario.

ODSP clarifies disability criteria and introduces a new system of employment supports that focuses on jobs, provides prompt access to services, and eliminates repetitive assessments.

ODSP consists of two components – income support and employment supports.

Income Support

Income Support and benefits are provided to people who are financially eligible and determined to be a person with a disability. A person is a person with a disability as defined in the *Ontario Disability Support Program Act,1997,* section (4) if:

a) the person has a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more;

b) the direct and cumulative effect of the impairment of the person's ability to attend to his or her personal care, function in the community and function in a workplace, results in a substantial restriction in one or more of these activities of daily living; and

c) the impairment and its likely duration and the restriction in the person's activities of daily living have been verified by a person with the prescribed qualifications.

To qualify for ODSP income support, an applicant must be (1) found to be financially eligible, based on a review of assets, income and budgetary requirements; and (2) eligible as a person with a disability, as defined in section 4 of the *Ontario Disability Support Program Act, 1997.*

For those who qualify, income support is based on legislative requirements, i.e.:
- size of family and age of dependent children or adults;
- shelter costs; and
- availability and receipt of income.

Employment Supports

Employment supports are designed to assist people with disabilities who can and do want to work. Goods and/or services are made available for the purpose of removing disability-related barriers to employment and assisting people with disabilities reach their employment goals. Individuals who have a physical or mental impairment that is continuous or recurrent and expected to last one year or more may be eligible if the impairment presents a substantial barrier to competitive employment.

A range of supports and services are available to those who qualify for employment supports including:
- help with developing an employment plan;
- employment preparation and training;
- technical aids;
- interpreter, reader, note-taker and intervenor services;
- job placement support;
- job coaching and help with job searches; and
- on-the-job training.

Eligibility

Although income support and employment supports are two components of the same program, the eligibility criteria and process for determining eligibility differ. Recipients of ODSP income support do not have to provide further proof of disability if they apply for employment supports. However, because of the differences in eligibility criteria, some applicants who are eligible for employment supports may not qualify for income support.

Adjudication Process

The Disability Adjudication Unit (DAU), Ministry of Community and Social Services, is responsible for determining if an applicant qualifies as a person with a disability within the meaning of the *ODSP Act* for income support. All ODSP applicants must qualify financially before they are referred to the DAU for disability determination. DAU adjudicators assess the impact of impairments on activities of daily living. The adjudicator verifies the applicant's impairment, its expected duration and the way it restricts the applicant's ability to carry out daily activities.

Existing recipients on ODSP who turn 65 and receive OAS may continue to stay on ODSP as long as they remain financially eligible. New applicants aged 65 and over who are not in receipt of OAS are eligible for ODSP as a prescribed class. New applicants aged 65 and over in receipt of OAS who are financially eligible will require disability adjudication in order to be eligible for ODSP. If the spouse of an existing ODSP recipient turns 65 and receives OAS, the couple will continue to stay on ODSP as long as they remain financially eligible.

Funding

CMSMs are responsible for 20% of program costs and 50% of administration costs. The province is responsible for the remaining 80% and 50%, respectively. With respect to the employment supports component, the Ministry provides 100% funding and contracts with delivery agents directly to provide appropriate supports.

Service Delivery

The province delivers ODSP, however, the first point of contact for a client who is in immediate financial need is often the Ontario Works office or call centre.

The Ontario Disability Support Program (ODSP) is managed and delivered by MCSS through nine regional offices. Staff for income support and employment supports work together in providing assistance to people with disabilities who qualify for the program.

Role of CMSMs

Regional offices work with their Consolidated Municipal Service Managers (CMSMs) in providing the appropriate level of service to its clients. CMSMs may deliver discretionary benefits to ODSP recipients through Ontario Works. CMSM councils or boards would determine the levels of such benefits and approve strategies for delivering them.

Ontario Disability Support Program Overview - Employment Support

Roles/Responsibilities	Province
Governance	
Policy-Making	• determines eligibility criteria and employment supports to be provided to eligible persons • sets program parameters, e.g. – other sources of employment support to be sought before consideration under ODSP • eligible persons to have choice of supports, ability to direct funding
Law Making	• *Ontario Disability Support Program Act, 1997*
Funding	• 100%, of which 50% of eligible costs are reimbursed under the Employability Assistance for People with Disabilities (EAPD) Agreement
Oversight	• ensures that people with disabilities who wish to enter labour market are given the opportunity and help to do so • ensures compliance with provincial legislation and standards
Service System Management	
Local Service System Planning	• establishes local planning and coordinating groups
Resource Allocation and Management	• approves allocations to regional offices for field delivery • approves allocation to regional offices for Employment Assistance Funding
Accountability	• develops service standards for 3rd party suppliers
Quality Assurance	• assess consumer satisfaction • develops ODSP Employment Support Policy Directives[1]
Service Delivery	
	• conducts disability assessment • approves client employment plan • approves employment support plan • monitors client progress against plan; amends plan • negotiates agreements with third party service deliverers • established dispute resolution committee (chosen by local planning and coordinating group)

[1] http://www.gov.on.ca/CSS/page/brochure/odspes/odspes.html

Service Managers (CMSMs)	Other
Governance	
Policy-Making	
Law Making	
Funding	• federal government reimburses province for 50% of eligible costs under the EAPD agreement • clients with higher income may be able to contribute tot he costs of good and services
Oversight	
Service System Management	
Local Service System Planning	• labour markets partners, organizations with an interest in disability issues participate in planning activities. • local Training and Adjustment Boards (check directive 10601 or 02)
Resource Allocation and Management	
Accountability	
Quality Assurance	
N/A	• third party service providers deliver services as per agreements with individual clients

Ontario Disability Support Program Overview - Income Support

Roles/Responsibilities	Province
Governance	
Policy-Making	• determines eligibility criteria and benefit levels • establishes adjudication mechanism and processes • establishes appeal mechanism
Law Making	• *Ontario Disability Support Program Act, 1997* • Ontario Regulation 222/98 plus amendment
Funding	• 80% of program costs • 50% of administration costs
Oversight	• ensures compliance with provincial legislation and standards • ensures that eligible persons with disabilities in financial need receive financial support
Service System Management	
Local Service System Planning	• develops operational and strategic plans to support the service delivery model for the program
Resource Allocation and Management	• approves allocations to regional offices • approves special requests
Accountability	• develops performance measures • provincial audit
Quality Assurance	• develops policy directive and guidelines • develops business processes and technology • develops fraud control processes • develops criteria for directors monitoring activities
Service Delivery	
	• delivers income support through regional offices at level of individual, delivery integrated with ODSP Employment Supports

Service Managers (CMSMs)	Other
Governance	
Policy-Making	
Law Making	*Canada Health and Social Transfer Act*
Funding	
Oversight • 20% of program costs • 50% of administration costs	
Service System Management	
Local Service System Planning	
Resource Allocation and Management	
Accountability	
Quality Assurance	
Service Delivery	
• deliver discretionary benefits to ODSP recipients through Ontario Works	

Part III - Glossary

This part of Roles and Responsibilities, 2001 defines a number of terms commonly used in the course of working in the human services area. Some definitions were developed by referring to the dictionary definition, others were taken from or adapted from a range of documents. The source of each definition is shown in an endnote (endnotes begin on page 88). Where a source is not indicated, the definition was developed for this glossary.

Accountability

The obligation to answer for the results of authorized actions and the manner in which responsibilities have been discharged [1].

Accountability Framework

A document that identifies program or service objectives, expectations regarding the activities that will be undertaken to achieve these objectives, accountability principles, the party responsible for undertaking these activities, and the measures that will be used to ascertain the degree to which the activities have been implemented and objectives achieved.

Agency

A provincial government organization (may be known as an agency, board, commission, corporation, etc.):

- which is established by the government but is not part of a ministry,
- which is accountable to the government,
- to which the government appoints the majority of the appointees, and
- to which the government has assigned, delegated, etc. authority and responsibility, or which otherwise has statutory authority and responsibility to perform a public function or service.

Alternative Service Delivery (ASD)

Shared service delivery by other levels of government; service delivery by non-profit or private sector parties such as outsourcing, partnering, and franchising/licensing.[2]

Authority

The power to make and enforce decisions within a defined sphere of responsibility.[3]

Benchmark

The best level of performance of a service or activity against which an organization can compare itself.[4]

Collaborate

To work together with others to achieve common goals. Collaboration may involve developing a shared mission, sharing information, assigning necessary resources, and fulfilling commitments. In addition, in the course of doing their own work, collaborating parties recognize and respect each other's unique goals, objectives, and areas of expertise.[5]

Consolidate

To combine organizations, parts of organizations or processes into one.[6]

Consolidated Municipal Service Manager (CMSMs)

These refer to municipalities and District Social Services Administration Boards (DSSABs, see below) to which the province has devolved responsibility for the management and delivery of Ontario Works, child care, and social housing. Some CMSMs are responsible for public health and land ambulance services as well.

Coordinate

To engage in processes that:

- support the common goals which have been set;
- do not create barriers to the achievement of these goals for other organizations; and
- cause components of work (e.g., legislation, policies, programs and services) to relate in logical ways.[7]

Cost Effective

The most effective and efficient means for achieving the objectives, relative to alternative design and delivery approaches.[8]

Devolution

Devolution of human services involves the transfer of decision-making authority over some or all of the functions of governance, management, or delivery from one level of government to a lower level of government or to a non-governmental organization (NGO). Devolution may occur along three dimensions: scope, function, and authority. The scope refers to the substantive areas of responsibility that are being transferred. These dimensions can interact in many combinations to create unique models of devolution. Any devolution model will devolve responsibility for specific functions that were traditionally performed by the provincial government.[9]

District Social Services Administration Board (DSSAB)

A board comprising (a) elected municipal officials representing municipalities within a defined geographic area, and (b) representatives of territories without municipal organization in this area. In some cases, the Board includes a provincial representative. DSSABs have been designated as delivery agents for human services that are part of Local Services Realignment and are Consolidated Municipal Service Managers (see above).

Environmental Scan

An activity designed to gather information on changes within and outside an organization that could have an impact on the organization.

Evaluation

The systematic gathering of information to assess the processes and outcomes related to a program or service. Evaluation involves a range of stakeholders in analyzing the evaluative information.[10] Evaluation measures progress toward the achievement of program objectives, the impact of the program and the extent to which the changes that have occurred are attributable to the program's activities.[11]

Financial Test

Any test that requires the use of personal financial information in order to determine eligibility for public services or assistance.

Goal

The broad expected outcomes of policies or programs.

Governance

The legitimate authority and responsibility to make decisions and take actions. Mechanisms for establishing governance include legislation, regulations, and approved policies.[12]

Guideline

A practice that is not mandatory but is strongly encouraged in programs intended to comply with a standard. [13]

Human Services

Services that are provided to people and are intended to improve the well-being and self-sufficiency of individuals and families. Generally, human services are understood to include, but not be limited to, health, social, recreation, training and education services.

Income Test

An eligibility test that relies primarily on the income of the family/individual to calculate public subsidy.

Integration

The process of coordinating or blending parts into a functioning or unified whole.[14]

Indicator

An indirect measure of performance in relation to expected outcomes or goals. (see Performance Measure, below)

Management

The set of activities engaged in by the executive or administrative arm of an organization in order to implement polices and legislation. Management activities include planning, organizing, staffing, implementing, evaluating, and controlling of the operation of an ongoing enterprise.[15]

Means Test

An eligibility test that includes not only assets, income and needs, but also the potential of the family/individual to provide for themselves (e.g., a spare room that could be rented out).

Monitoring

The process of regularly checking on the status of a program by comparing the actual implementation against a workplan that may address such things as activities, time frame, budget.[16]

Needs Test

An eligibility test that compares assets and income to the needs of the individual/family. The resulting surplus or deficit is used to calculate public subsidy.

Objective

A statement of desired results to be achieved within a specified time.[17]

Outcome

Outcomes are results. Government is primarily concerned with three types of outcomes:

- client outcomes are the effects of policies or programs on targetted individuals and families;
- societal outcomes are the effects of policies or programs on communities (e.g., the social and financial health of communities);
- financial outcomes are the effects of a policy or program on government revenues or expenditures (costs).[18]

Partnership

An agreement among or between ministries, levels of governments or non-governmental organizations which have common goals and target groups, to share power and make joint decisions with respect to legislation, policy, management, and/or service delivery to the extent that the joint goals are served and authorities permit. [19]

Performance Measures

Direct quantitative or qualitative measures of an outcome. Performance measures may be efficiency measures (ratio of inputs to outputs; effectiveness measures (impact/results of a service) or customer service measures (degree to which expectations of service recipients are met). Where outcomes are not directly measurable, as is often the case in human services, outcome indicators are used. [20]

Policy (public)

A high-level overall plan that comprises the general goals and acceptable procedures of a governmental body[21]. A course of action or inaction chosen by public authorities with the requisite authority to address a given problem or interrelated set of problems. A large part of this course of action focuses on public policy outputs in terms of their definition, goals, and instruments.[22]

Policy Framework

A document that supports a policy or group of policies by identifying:

- a target **population** or segment of society
- the **goals** and expected outcomes for that population or segment of society
- **principles** which will guide the implementation of programs supporting the policy goals.

Program

One or more services/supports provided to a specific population or target group under defined conditions. Programs may have a specific budget allocation.

Project

Temporary undertakings aimed at achieving specific outcomes or results. They typically have timelines and involve the management of many interrelated activities.[23]

Project Management

Management activities that are needed to plan, launch, and oversee a project and to bring the project to successful conclusion.

Program Manager

Anyone with responsibilities for managing service agreements, transfer payments or contracts with public and private sector partners or other vendors.[24]

Quality

The totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs.[25]

Quality Services

Services which meet set standards deemed to indicate high quality or services processes and outcomes that are deemed to be excellent by deliverers and receivers of the services.

Quality Assurance

A process which determines the degree to which quality standards and expectations have been achieved and identifies areas for improvement.

Rationalize

To increase the efficiency of management and service delivery, for example, by increasing consistency among processes, reducing duplication, and eliminating unnecessary activities.[26]

Research

There are two types of research: (a) information gathering, e.g., surveys, literature reviews, case studies, and (b) hypothesis testing, e.g., formal research design using comparison groups or reference to normative data.[27]

Resource Allocation

The process of determining (a) the amount of goods, services, personnel and money that should be dedicated to a given activity, program, service, or organization and (b) how these resources should be distributed among competing interests.

Risk

The likelihood and impact of events that may affect planned outcomes or performance.

Risk Management

The systematic development of responses to identified risks that result in reduced likelihood or impact of risk events.

Services

The specific activities that are carried out to meet the needs of clients of a program, for example, services carried out under the Ontario Works program would include employment support, information, referral, training.

Service Contract

A formal agreement under the authority of specific legislation between a ministry and a second party (usually an agency, municipal government, or individual) that sets out the terms and conditions for the delivery of services to third party clients.[28]

Service Delivery

The supervision and provision of services to clients.

Service Delivery Model

A set of parameters designed to guide the delivery of services, e.g., the requirements, constraints, service principles, participants. A description of the particular approach being taken to the delivery of a service or set of services. The model may identify the structures and processes that characterize the approach as well as the roles and responsibilities of positions within the structure.

Service Integration

Activities that result in services that are client-centered, coordinated, complementary, accessible and flexible. Integration activities may include organizational restructuring and the development

of processes and protocols designed to support the management of an integrated service system.[29]

Service Planning

Within the context of resources available and authority available, the process of setting priorities and determining the service delivery model to be adopted.

Service Provider

An individual or organization delivering one or more approved services funded by government ministries. Includes governments, District Social Services Administration Boards, volunteers, nonprofit organizations, and for-profit businesses.

Strategy

A long-range plan for achieving objectives or goals.[30]

Service System

A service system consists of the organizations, groups and individuals involved in administering and delivering a set of integrated supports and services that meets the defined needs of people. The participants in specific human services systems vary and may include provincial government ministries, municipal governments, planning and coordinating bodies, service deliverers in the non-profit and for-profit sectors, support groups, caregivers, and others.[31]

Service System Management

The management activities of governments and organizations with the necessary authority to implement and oversee services that are delivered through a network of organizations and/or departments. These activities differ from programmatic/linear management in that they are conducted using a 'systems' approach. Such an approach aims to achieve a system of services that effectively meets the needs of client groups through partnership and collaboration among organizations within the network.

Standard

An established minimally acceptable level of performance that is the basis against which actual performance is measured. An established, quantifiable level of performance that is commonly understood as the basis for comparing performance.

Transfer Payments

Disbursements for a set purpose, from the Province of Ontario to an individual, corporation, or other Government. There are three major types of transfers: entitlements, cost-shared agreements, and discretionary grants.[32]

Appendix A – List of CMSMs and Geographic Areas Covered

CMSM	Geographic Area Covered
1. Algoma District Services Administration Board	The district for the Algoma District Services Administration Board, as described in Ontario Regulation 278/98
2. City of Brantford	County of Brant and City of Brantford
3. City of Cornwall	City of Cornwall and United Counties of Stormont, Dundas and Glengarry
4. City of Greater Sudbury	City of Greater Sudbury
5. City of Hamilton	City of Hamilton
6. City of Kawartha Lakes	City of Kawartha Lakes and County of Haliburton
7. City of Kingston	City of Kingston and the geographic area of the Frontenac Management Board, as set out in paragraph 3.3 (b) of an Order made under section 25.2 of the *Municipal Act* on January 7, 1997 and published in *The Ontario Gazette* dated February 15, 1997
8. City of London	City of London and County of Middlesex
9. City of Ottawa	City of Ottawa
10. City of Peterborough	County of Peterborough and City of Peterborough
11. City of St. Thomas	City of St. Thomas and County of Elgin
12. City of Stratford	County of Perth, City of Stratford and Town of St. Marys
13. City of Toronto	City of Toronto
14. City of Windsor	City of Windsor, County of Essex and Township of Pelee
15. County of Bruce	County of Bruce
16. County of Dufferin	County of Dufferin
17. County of Grey	County of Grey
18. County of Hastings	County of Hastings, City of Belleville and City of Quinte West
19. County of Huron	County of Huron
20. County of Lambton	County of Lambton
21. County of Lanark	County of Lanark and Town of Smiths Falls
22. County of Lennox and Addington	County of Lennox and Addington and County of Prince Edward
23. County of Norfolk	County of Norfolk and County of Haldimand
24. County of Northumberland	County of Northumberland
25. County of Oxford	County of Oxford

CMSM	Geographic Area Covered
26. County of Renfrew	County of Renfrew, including the City of Pembroke
27. County of Simcoe	County of Simcoe, City of Barrie and City of Orillia
28. County of Wellington	County of Wellington and City of Guelph
29. District Municipality of Muskoka	District Municipality of Muskoka
30. District of Cochrane Social Services Administration Board	The district for the District of Cochrane Social Services Administration Board, as described in Ontario Regulation 278/98
31. District of Nipissing Social Services Administration Board	The district for the District of Nipissing Social Services Administration Board, as described in Ontario Regulation 278/98
32. District of Parry Sound Social Services Administration Board	The district for the District of Parry Sound Social Services Administration Board, as described in Ontario Regulation 278/98
33. District of Rainy River Social Services Administration Board	The district for the District of Rainy River Social Services Administration Board, as described in Ontario Regulation 278/98
34. District of Sault Ste. Marie Social Services Administration Board	The district for the District of Sault Ste. Marie Social Services Administration Board, as described in Ontario Regulation 278/98
35. District of Thunder Bay Social Services Administration Board	The district for the District of Thunder Bay Social Services Administration Board, as described in Ontario Regulation 278/98
36. District of Timiskaming Social Services Administration Board	The district for the District of Timiskaming Social Services Administration Board, as described in Ontario Regulation 278/98
37. Kenora District Services Board	The district for the Kenora District Services Board, as described in Ontario Regulation 278/98
38. Manitoulin-Sudbury District Social Services Administration Board	The district for the Manitoulin-Sudbury District Social Services Administration Board, as described in Ontario Regulation 278/98
39. Municipality of Chatham-Kent	Municipality of Chatham-Kent
40. Regional Municipality of Durham	Regional Municipality of Durham
41. Regional Municipality of Halton	Regional Municipality of Halton
42. Regional Municipality of Niagara	Regional Municipality of Niagara
43. Regional Municipality of Peel	Regional Municipality of Peel
44. Regional Municipality of Waterloo	Regional Municipality of Waterloo
45. Regional Municipality of York	Regional Municipality of York
46. United Counties of Leeds and Grenville	United Counties of Leeds and Grenville, City of Brockville, Town of Gananoque and Town of Prescott
47. United Counties of Prescott and Russell	United Counties of Prescott and Russell

Appendix B – Synopsis of Legislation

(Note. Statutes and Regulations may be accessed on line at www.e-laws.gov.on.ca)

Ambulance Act – The *Ambulance Act*, as amended by the *Services Improvement Act*, 1997, the *Tax Credit and Revenue Protection Act*, 1998, *the More Tax Cuts for Jobs, Growth and Prosperity Act*, 1999, and the *Red Tape Reduction Act*, 1999 sets out the legislative framework for the funding and delivery of land ambulance services under municipal jurisdiction. The Ministry of Health and Long-Term Care will continue to ensure through legislation and regulations that minimum standards are maintained for all aspects of land ambulance service.

Day Nurseries Act (DNA) – The *DNA* was amended by the *Services Improvement Act* to allow the Minister to designate delivery agents to manage the delivery of the full range of child care services. As of January 1, 2000, all 47 CMSMs are designated as child care delivery agents. As a result of designation, child care programs are being managed at the local level within a framework of provincial legislation, regulations, standards, and policies. MCSS regional offices are responsible for negotiating service contracts with delivery agents and ongoing monitoring.

District Social Services Administration Boards (DSSAB*) Act* – The *District Welfare Administration Boards Act* was renamed the *District Social Services Administration Boards Act* on July 1, 1998, as a result of proclamation of Schedule C of the *Social Assistance Reform Act*. The *DSSAB Act* provided a legislative mechanism for the creation of ten consolidated DSSABs in Northern Ontario. DSSABs are responsible for managing the delivery of social assistance, child care and social housing on behalf of municipalities and territories without municipal organization.

Health Protection and Promotion Act (HPPA), 1997 – The *Health Protection and Promotion Act* was amended by the *Services Improvement Act*, 1997 so that other entities such as county councils and DSSABs may become boards of health on approval by the Ministry of Health and Long-Term Care through a regulation change. The three broad areas of mandatory public health programs covered by the Act are chronic disease prevention, family health, and infectious disease control. The Ministry of Health and Long-Term Care sets minimum public health standards that must be met by all boards of health in the Province. Local boards of health (consisting primarily of a majority of municipal elected officials and municipal appointees) are responsible for the delivery of public health programs and services. The Act requires municipalities to provide adequate funding to maintain minimum provincial standards, and establishes the ministry's authority to monitor and enforce program standards, and intervene in emergency situations.

Social Assistance Reform Act (SARA) – The government created the *Ontario Works Act, 1997* and the *Ontario Disability Support Program (ODSP), 1997*,with the passage of SARA in November 1997. The *Ontario Works Act, 1997,* was implemented in May 1998 and the *Ontario Disability Support Program Act, 1997*, was implemented in June 1998. SARA replaces the *General Welfare Assistance Act*, *Family Benefits Act* and *Vocational Rehabilitation Services Act*. The 47 CMSMs and First Nations are the service delivery agents for Ontario Works, based on business plans that are approved by the Province. The CMSMs are responsible for the management and delivery of all activities approved under OW that relate to financial assistance and employment assistance. The Ministry of Community and Social Services is the delivery agent for ODSP.

Social Housing Funding Act, 1997 – Schedule F of the *Services Improvement Act, 1997* created the *Social Housing Funding Act, 1997* which authorizes the province to recover from the municipal sector the province's costs of administering and funding social housing programs. The signing of the federal/provincial social housing agreement in November 1999 allowed the Ministry of Municipal Affairs and Housing to proceed with the proposed transfer of responsibility for social housing administration to the municipal level. Under this agreement, the province will flow federal funds to municipalities to pay for the federal share of social housing projects. Once the proposed devolution is complete, municipalities will manage, operate and administer their own social housing portfolios. A framework of provincial standards will be established to ensure consistency across municipalities in social housing policies and practices.

Social Housing Reform Act, 2000 – This *Act* provides a framework for the transfer of social housing administration from the federal and provincial governments to municipal service managers (CMSMs). Social housing programs included are public housing, for which ownership has been transferred to the CMSMs, nonprofit housing, and rent supplement. The *Act* establishes a framework for the administration and funding of housing programs by service managers, governs the provision of RGI assistance and special needs housing under those programs, and authorizes the transfer of assets, rights, liabilities and obligations relating to those programs.

Appendix C –Municipal Expenditures on Human Services

Gross Expenditures

Local Service Realignment has resulted in an increase in the number of programs for which municipalities are responsible. An indicator of the scope of this change is gross municipal operating expenditures. The gross figures show the amount of money that municipalities must manage.

Gross municipal operating expenditures are taken from the Financial Information Returns (FIRs). The FIR is the main source document for municipal financial information provided annually to the Ministry of Municipal Affairs and Housing. The gross figures do not include adjustments for cost-sharing, federal or provincial grants, service charges or other sources of revenue such as the Community Reinvestment Fund.

A comparison of 1997 and 1999 shows a 25% increase in gross municipal operating expenditure. The largest contributors to this increase have been human service and general government expenditures: 57% and 38%, respectively.

Percentage Increase in Gross Municipal Operating Expenditures from 1997 to 1999.

	% increase
Human Services	**57**
General Government	38
Protective Services	15
Transportation Services	11
Environmental Services	5
Recreation & Culture	0
Overall Increase	25

Gross Expenditures on Human Services

The increase in human service gross operating expenditure is being driven by the increased responsibility of municipalities for social assistance (Ontario Works) and their new role in social housing. Social housing, as a percentage of total human service expenditure, has increased from 1% in 1997 to 14% in 1999.

While the other areas have changed moderately as a percentage of human service total expenditure, one should keep in mind that actual expenditures have increased across all program areas, with the exception of services to children.

Net Expenditures

The net municipal operating expenditures used in this analysis were calculated by subtracting revenues that municipalities receive from Ontario, conditional grants, federal and other grants, fees and services charges paid by other municipalities, and other fees and charges. These revenue sources were subtracted from all service areas and enveloped. Therefore, the net operating expenditures represent costs that have to be financed through the municipality's own resources. It should be noted that there were a number of changes during the time period 1997-1999 that impacted on municipal fiscal capacity[1].

There was an overall 22% increase in net municipal expenditures between 1997 and 1999.

Net Expenditures on Human Services

Net expenditures on human services account for about three quarters of this overall 22% increase. Net expenditures for human services between 1997 and 1999 show an increase of 180%. This is driven by the additional financial responsibility for social housing, land ambulance, and social assistance.

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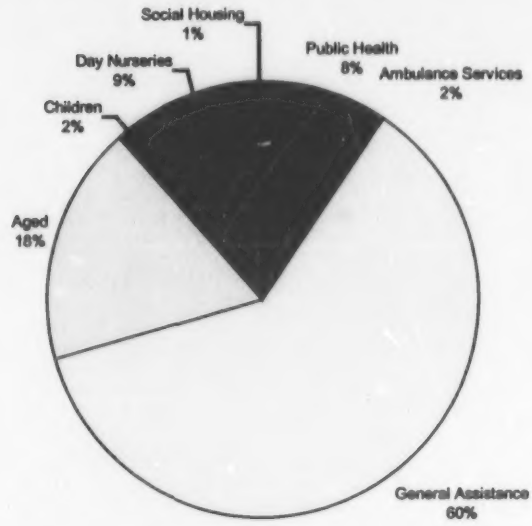
[1] As part of the realignment, $2.9 billion of services and programs were transferred to municipalities. The Government, for its part, assumed responsibility for $2.5 billion in education costs, half the education taxes paid by residential ratepayers in 1997. The residential education tax room vacated by the province is available to municipalities to help manage new service responsibilities.

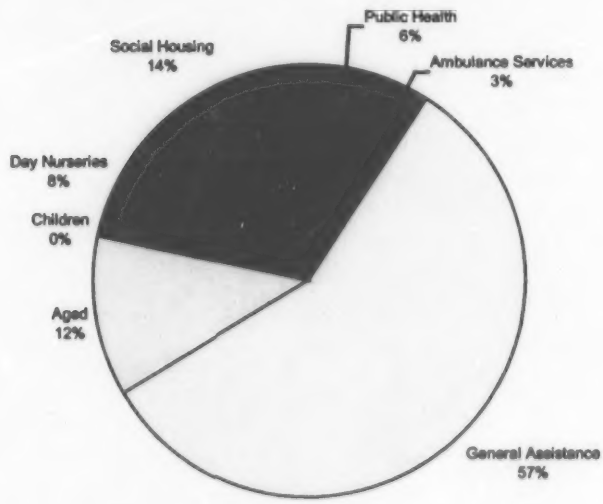
As part of the realignment, the province provided municipalities with additional property tax revenue in the form of residential education tax room. The Community Reinvestment Fund is provided to eligible municipalities to smooth the transition to new service responsibilities.

Gross Municipal Human Service Expenditure in 1997 and 1999

1997 Gross Municipal Expenditures in Human Services



1999 Gross Municipal Operating Expenditures in Human Services



Appendix D – MCSS Basic Requirements for Accountability

MCSS Governance and Accountability Framework

REQUIREMENT: ROLES AND RESPONSIBILITIES OF THE MUNICIPAL GOVERNMENT[1]	REQUIRED ACTIVITIES
• Municipal governments have a clear understanding of their roles and responsibilities in delivering services.	**For MCSS staff:** • Expectations regarding municipal roles and responsibilities are specified in the contract, including roles as community service system managers in specific program areas.
	For Municipal government: • By signing the service contract, the municipal government affirms that it understands and accepts the roles and responsibilities that are specified.

[1] All references to "municipal governments" should be read as including Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs).

REQUIREMENT: SETTING EXPECTATIONS	REQUIRED ACTIVITIES
• Municipal governments have a clear understanding of the results they are expected to achieve. The results are measurable. • Municipal governments are aware of how the expected results of the services they provide are related to overall Ministry program outcomes. • Expectations are established by legislation, regulation, policy, or Cabinet approval.	**For MCSS staff:** • Program areas have clear outcome statements. These outcome statements are related to overall Ministry vision and core business statements. • Within program areas, service areas have clearly articulated expected results and relevant performance measures that link to program area outcomes. • Program managers provide municipal governments with the Ministry vision, core businesses statements, program area outcomes, and within programs, service-specific expected results and performance measures. • Contracts specify expected results and performance measures. • In the case of entitlement programs, contracts confirm that the required business processes are in place to ensure that applicants and participants meet eligibility criteria.
	For Municipal government: • By signing a contract, a municipal government affirms that it understands and accepts the results to be achieved. • In the case of the administration of entitlement programs, contracts confirm that the required business processes are in place to ensure that applicants and participants meet eligibility criteria. Municipal program managers ensure that these criteria are in place prior to advancing funds to recipients.

REQUIREMENT: AGREEMENTS	**REQUIRED ACTIVITIES**
• All municipal governments have valid service contracts. • Contracts are signed in a timely manner. • Contracts require municipal governments to provide periodic reports on financial status and relevant financial and program results achieved. • Contracts reflect basic requirements related to *setting expectations, monitoring and reporting,* and *corrective action.*	**For MCSS staff:** • Corporate offices provide budget packages to regional offices in a timely manner. • Program managers will undertake service contracting in a timely manner. • Contracts, signed by the appropriate authorities at the municipal government and regional office, are in place before funds are flowed to the municipal government by the regional office. All contract provisions requiring municipal input are completed. • The municipal government is informed of the deadline for submitting the signed contract. • All contracts include clauses reflecting the Basic Requirements for Accountability for Municipal Governments. • Where program managers have discretion over payment terms, the cost to the Province of payment arrangements is taken into account along with the municipal government's cash flow requirements. • Program managers are satisfied the municipal government understands the objectives of the agreement, what results are expected, the performance measures to be used, and the time frames for achieving results (as found in the contract) before signing the contract. This is achieved through correspondence, budget negotiations, and meetings with the municipal government.
	For Municipal government: • Municipal governments submit signed, fully-completed contracts by the deadline specified by the Ministry. • Municipal governments meet all of their contractual obligations.

REQUIREMENT: MONITORING AND REPORTING	REQUIRED ACTIVITIES
• Municipal performance is regularly monitored to ensure compliance with contract specifications.	**For MCSS staff:** • Program managers ensure that financial data, service data elements, performance measures and other information required by contracts are routinely reported as prescribed by the program area. • Program managers ensure terms and definitions are consistently applied within a program area so that reporting is appropriate and accurate. • Program managers compare reported results to established expectations and, through contact with the municipal government, explain and justify all variances, or determine actions needed to address discrepancies. • Program managers report on financial data, service data elements, performance measures and other information as required to MCSS corporate offices. • Corporate office staff compile and use information on financial data, service data elements, performance measures and other information for policy and program evaluation and development purposes.
	For Municipal government: • Data required in contracts for financial reporting, service data elements, performance measures, and other specified information are reported in the prescribed manner and within the timeframes specified by the Ministry. • The municipal government attests to the accuracy of the data. • The municipal government provides a rationale and justification for variances from established expectations, or engages in necessary actions to address discrepancies.

REQUIREMENT: CORRECTIVE ACTION	REQUIRED ACTIVITIES
• Appropriate corrective action is taken in cases where municipal governments are not in compliance with contract requirements. • Corrective action ensures funds are spent as required by contracts or returned to the Provincial Treasury.	**For MCSS staff:** • In the event of non-compliance, program managers notify their superiors and the municipal government. • Program managers require the municipal government to take appropriate steps to address non-compliance. • Program managers have appropriate authority to take corrective action, including the recovery of unspent funds and/or discontinuing funds in the case of non-compliance by the municipal government. • Program managers invoke sanctions if necessary, consistent with legislation, regulations and policy (e.g. the MCSS Sanctions Policy in cases of non-reporting). • Program managers take other corrective steps as appropriate, on a timely basis, including the recovery of funds. • Contracts permit the recovery of funds and/or the discontinuance of ongoing funds in the event of non-performance or non-compliance by the municipal government.
	For Municipal government: • The municipal government acknowledges notification of non-compliance. • The municipal government complies with Ministry direction and deadlines to address non-compliance, including taking remedial steps or promptly returning funds that are not being used under the terms of the contract to the Ministry.

Endnotes for Glossary

[1] MCSS Governance and Accountability Framework, June 1999

[2] Adapted from MBS Purchasing Services Branch, "Guide to Service Management", January 1998 draft: Alternate service delivery arrangements include shared services with other levels of government, and service delivery by private sector parties such as outsourcing, partnering, and franchising/licensing.

[3] Adapted from Oxford Concise Dictionary: authority – power or right to enforce obedience; delegated power

[4] Adapted from "How to Measure Performance: A Handbook of Techniques and Tools", U.S. Department of Energy, October 1995 – To measure an organization's products or services against the best existing products or services of the same type; the benchmark defines the 100% mark on the measurement scale.

[5] Adapted from Merriam-Webster Dictionary – collaborate: to work jointly with others or together especially in an intellectual endeavor.

[6] Adapted from Oxford Concise Dictionary – consolidation: to strengthen; combine into one whole.

[7] Adapted from Merriam-Webster Dictionary – coordination: the harmonious functioning of parts for effective results.

[8] Program Evaluation Branch, Office of the Comptroller General, Draft, January 1991

[9] Adapted from two sources:

> Devolution of health and social services involves the transfer of greater control and decision-making for some or all of the planning, funding, management, revenue generation and delivery functions. The degree of devolution lies along a continuum between full central control and full local/regional control (p. 1). Devolution is conceptualized as comprising three dimensions: scope, function, and authority. These dimensions can interact in many combinations to create unique models of devolution... The scope refers to the substantive areas of responsibility that are being transferred...Any devolution model will devolve responsibility for specific functions that were traditionally performed by the provincial government... The transfer of power or authority is at the core of the devolution concept. Authority can be transferred for some, but not all, of the functions (p. 14 – 16)... (Framework for Evaluating Devolution, Premier's Council)
>
> Government transfers the responsibility for delivering the service to a) other levels of government; b) profit and non-profit organizations that receive transfer payments to deliver the service. (Improving Services through Alternative Delivery, in Canadian Government Executive, Issue 5, 1999)

[10] Framework for Evaluating Devolution, Premier's Council , pg. A-1

[11] Using Evaluation as a Management Tool (http://erc.msh.org/mis/tools/eval.htm)

[12] MCSS Governance and Accountability Framework, June 1999

[13] How to Measure Performance: A Handbook of Techniques and Tools, U.S. Department of Energy, October 1995.

[14] Adapted from the Merriam-Webster Dictionary

[15] Adapted from "A Guide to the Project Management Body of Knowledge", Project Management Institute, Standards Committee, 1996, General management encompasses planning, organization, staffing, executing, and controlling the operations of an ongoing enterprise.

[16] Using Evaluation as a Management Tool (http://erc.msh.org/mis/tools/eval.htm)

[17] How to Measure Performance: A Handbook of Techniques and Tools, U.S. Department of Energy, October 1995

[18] Adapted from:

Framework for Evaluating Devolution, Premier's Council on Health, Well-being and Social Justice, 1994: *Immediate Outcomes:* These are the effects that are expected to occur as a direct result of activities. These outcomes may include changes that affect people or system processes. For example, an immediate outcome for a generic model of devolution may be the improved delivery of services. (p8) *Ultimate Outcome*: The larger societal level changes that are expected from the activities. They are referred to as ultimate outcomes because they are further removed from the actual activities. For example, an ultimate outcome of devolution may be the improved well-being of individuals in the communit. Ultimate outcomes are often dependent on accomplishing immediate outcomes. For example, well-being may be partially dependent on the delivery of services. (p8)

Statements that define the expected quantity, quality, extent or value of what is done. Outcomes should have a direct relationship to the stated goals. (Management Board of Cabinet recommendations, as cited in MCSS Performance Management System, August/September 1998)

[19] Adapted from:

A partnership relationship is established with a private sector party through a competitive process, to share in the risks and rewards of designing or implementing complex business solutions. These arrangements are usually made for large projects that are implemented in phases and where the ministry lacks time, specific expertise, or financial resources to complete on its own. (A Guide to Service Management, MBS Purchasing Services Branch, January 1998 draft)

A partnership is an agreement to share power/resources with others in the pursuit of joint goals or mutual benefit. (Kernaghan, Kenneth, "Partnerships and Public Administration. Canadian Public Administration, V 36, Spring 1993, pg 61)

A relationship that consists of shared and/or compatible objectives and an acknowledged distribution of specific roles and responsibilities among the participants which can be formal or informal, contractual or voluntary, between two or more parties. The implication ... is that there is a cooperative investment of resources (time, funding, material) and therefore joint risk-taking, sharing of authority, and benefits for all partners. (Environment Canada, in Kernaghan, 1993)

[20] Performance Measures in Business Planning and Allocations: A reference guide for ministries. Management Board Secretariat, January 1997

[21] adapted from the Merriam-Webster Collegiate Dictionary

[22] Adapted from Pal, Leslie A., Beyond Policy Analysis, International Thomson Publishing, 1997 (p. 12)

[23] Adapted from "A guide to the Project Management Body of Knowledge", Project Management Institute, Standards Committee, 1996

[24] MCSS Governance and Accountability Framework, June 1999

[25] International Organization for Standardization (ISO)

[26] Oxford Concise Dictionary: rationalize – to make more efficient by scientifically reducing or eliminating waste of labour, time or materials

[27] Adapted from the Merriam-Webster Dictionary: research – (a) studious inquiry or examination: investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories or laws in the light of new facts, or practical application of such new or revised theories or laws; (b) the collecting of information about a particular subject

[28] Adapted from the MCSS Electronic Manual of Ministry Administration (EMMA)

[29] Human Services Integration, V. 1, Ministry of Community and Social Services, March 2000

[30] Adapted from: Cambridge Dictionary of American English: strategy – a long-range plan for achieving something or reaching a goal, or the skills of making such plans

[31] Adapted from Human Services Integration, V. 1, Ministry of Community and Social Services, March 2000

[32] MCSS Electronic Manual of Ministry Administration (EMMA)